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ABSTRACT

The proceedings of a series of four full-day workshops held during May, 1979, by the Deinstitutionalization of Status Offenders Project of the Department of Children and Youth Services and the Connecticut Justice for Children Collaboration are presented. Areas of concern addressed by the workshops included the following: (1) adolescent sexuality--how much is too much? (2) incest as a family affair; ; (3) postitution: the pros and the conned; and (4) adolescent sexual behavior and implications for program development. The series was designed to delineate the problems encountered by families of youth who exhibit sexually acting out behavior, are involved in incestuous relationships, and/or have engaged in prostitution, as well as to develop the capacity of service providers to work with these youth and to facilitate resource--and resource- and information-sharing among participants. (Author)

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An In-Depth Look at

X-Rated Problems in Families with Service Needs

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Workshop Proceedings

CG 013998

DEINSTITUTIONALIZATION STATUS OFFENDER PROJECT
Connecticut Department of Children and Youth Services

The Deinstitutionalization of Status Offenders Project of the Department of Children and Youth Services is a three-year research and demonstration project designed to explore alternatives to secure detention and institutional facilities.

The DSO Project expects to have an impact on the system by which juvenile status offenders are treated in the State of Connecticut. This "systems impact" mission is evident in the Project's goals which were:

(1) The removal of all status offenders from Long Lane School.

(2) The removal of all status offenders from secure detention facilities.

(3) The provision of alternative community-based facilities to serve status offenders.

The Connecticut Justice for Children Collaboration is a statewide organization of private and public youth-serving agencies of which the goal is to develop a statewide system of services responsive to the needs of youth by increasing the capacity of communities and community based youth-serving agencies to serve youth through collaborative program planning, implementation and evaluation. The activities of the Collaboration include public education and awareness, assistance to communities and agencies in the areas of staff and board training and program development, resource and information sharing, and legislative and administrative advocacy.

X-RATED PROBLEMS IN FAMILIES

WITH SERVICE NEEDS

Prepared by the DSO Project Staff, this report is made possible by a grant from the Law Enforcement Assistance Administration to the Connecticut Justice Commission, subgrant to the Department of Children and Youth Services.

Ella Grasso, Governor

STATE OF CONNECTICUT

Francis H. Maloney, Commissioner

Department of Children & Youth Services

STATUS OFFENDER PROJECT

71 Capitol Avenue . Hartford, Conn. 06115

INTRODUCTION

During May, 1979, the Deinstitutionalization of Status Offenders Project of the Department of Children and Youth Services and the Connecticut Justice for Children Collaboration cosponsored X-Rated Problems in Families with Service Needs, a series of four full-day workshops on adolescent sexuality. The four workshops were entitled:

"Adolescent Sexuality - How Much is Too Much"

"Incest - A Family Affair"

"Prostitution - The Pros and the Cons"

"Adolescent Sexual Behavior - Implications for Program Development"

The workshops were designed:

... to delineate the problems encountered by families with youth who exhibit sexually acting out behavior, are involved in incestuous relationships, and/or have entered into prostitution.

... to develop the capacity of service providers to work with these youth.

... to facilitate resource and information among participants.

The proceedings of each workshop are presented separately and color coded for easy reference. The white section presents the keynote address, the green section presents in summary form the issues identified during the day as "what we know" and "what we can do," and the yellow section presents resources that were used during the conference or have been identified as relevant to the issues discussed.

The workshop series was made possible by a grant from LEAA to the Connecticut Justice Commission.

STATE OF CONNECTICUT

DEPARTMENT OF CHILDREN AND YOUTH SERVICES

345 MAIN STREET HARTFORD, CONNECTICUT 06115

ELLA GRASSO
GOVERNOR

FRANCIS H. MALONEY
COMMISSIONER

July 24, 1979

TO THE READER:

The information included here was first presented at a series of public workshops in May. The workshops were co-sponsored by the Department of Children and Youth Services Deinstitutionalization of Status Offenders Project and the Connecticut Justice for Children Collaboration.

Information and guidelines for training, concerning adolescent sexuality, incest, and juvenile prostitution are difficult to find. These are emotional and controversial issues frequently impairing program implementation and the development of a body of knowledge and experience.

I hope you will find this document interesting and informative.

Francis H. Maloney

Francis H. Maloney, Commissioner
Dept. of Children and Youth Services

connecticut
justice for children
collaboration

60 lorraine st., hartford, conn. 06105 203-233-1295

Dear Colleagues:

One of the major goals of the Connecticut Justice for Children Collaboration is to help build the capacity of youth-serving agencies and organizations to better serve our state's children and their families. We were pleased, therefore, to have joined with the DSO project in presenting the series of workshops on adolescent sexuality.

The series provided those who work with young people some new skills and new ideas. It answered many questions as well as raising a number of others. The sexual behavior of adolescents will continue to be a concern to those adults who care for or work with them.

We look forward to providing continued valuable collaborative efforts, bringing together public and private agencies whose common concern is improving services to children and youth.

Sincerely,

Norma Schatz

Norma Schatz
Chairperson

ACKNOWLEDGEMENTS

We wish to express our appreciation to those individuals and agencies who, while recognizing the controversial nature of the subjects, placed their concern for children and youth above inherent difficulties.

We extend, in particular, our thanks to Judy Hellfach for her efforts in organization and editing of the final document. We also wish to express appreciation to Sandra Weaver-Bey, Consultant to DSO; Lee Voghel, Planning Analyst to DSO project; and Dave Cunningham, Executive Director, Connecticut Justice for Children Collaboration.

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X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

May 10, 1979

ADOLESCENT SEXUALITY: HOW MUCH IS TOO MUCH

KEYNOTE SPEAKER:

Kathleen Hepler, Education Director
Face-To-Face Health & Counseling Services, Inc.
730 Mendota
St. Paul, Minnesota 55106

Good morning. I am happy to be here and to have a part in the beginnings of your explorations of this most complicated, value laden, sometimes joyful, sometimes sorrowful, usually confusing topic of adolescent sexuality.

It is my understanding that this group of people is composed of individuals who are identified as impactors of youth . . . or those people who are in the position (through their talent and concern) to really make a difference to young people.

Adolescents have, (and I simply hate generalizations), by virtue of their age and the developmental tasks required of them, qualities that are at once glorious and frustrating. I want to read to you a poem written by a sixteen year old student of mine several years ago. It's called "Images of Feeling".

"I am rejected - I am a leaf on a tree suddenly pushed
to the ground.
I am happy - I am a field of yellow balloons.
I am tired - I am a cold macaroni noodle.
I am scared - I am a dark glooming cave.
I am unsure - I am a peeping sun during a cloudy March.
I am passionate. I am a spring bubbling beneath the ice.
I am many things to be discovered by you."

This poem speaks to me of the beauty and the pain which is the essence of that period of time we call adolescence. We know it to be a time of tremendous physical growth - second only to the first few years of life. As one 13 year old boy states:

"I don't think that I'm really that clumsy, it's just that my feet are so darn far away from my head these days."

We also know it to be a time of the development of secondary sexual characteristics . . . with all of the concurrent urges and fears and mood swings that this brings.

If all of this isn't enough it is a time when one's sexual identity and feelings of sexual adequacy are of major importance. Body image, attractiveness and acceptance by others is all of major importance. A short poem in a student newspaper reads:

Isn't it a pity
That I'm not the prettiest girl in the world
'cause sometimes I feel,
When I kick up my heels in the sun,
That they are all saying, I am the loveliest one."

Tremendous vulnerability to the judgments of others and yet a fierce desire to be autonomous. Teenagers have the task of developing a system for making choices and to do this often take the posture, "I am me, different from you my parents, my teachers, my anyone-of-the-older-generation. I sometimes tell parents not to worry quite as much about the more rebellious of their children, worry if you see no signs of approaching independence.

It is rare in life to find such energy and enthusiams for experimentation . . . trying on, testing the limits, as during this period of our life. Plato says of teenagers,

"In their enthusiams they will leave no stone unturned and in their delight over the first taste of wisdom, they will annoy everyone with their arguments."

I recently visited some former neighbors that I had not seen since my teenage years. After our chat, they told me it was pleasant talking with me without every sentence beginning with "yes, but" or a soliloquy for some cause or another. I cherish that time of high conviction. But it seems that my adult acquaintances did not.

The clashes between adults and teens are legendary. Lest we blame it all on the storm and stress of adolescence, take a moment to ponder how our own stages as adults might affect these upsets.

Example: [1]Mom has just lost her father - a friend has just had a heart attack - realizing the finality, etc.

[2]Dad has spent years and years building a career-beginning to realize how important his family is - wondering is this all there is -

I share these developmental tasks of adolescence with you because as a youth worker, knowledge of them has helped me be a little more tolerant and little less frustrated. It has, at times, given me the patience to remember that in all of us, our behavior today is not necessarily forever. It has reminded me that one potent way of learning is by trying and by making a mistake. This knowledge of what it means to be a teenager has developed my awareness that all human beings have similar struggles.

And - for our purposes today we cannot really talk about adolescent sexuality without having as our backdrop the powerful social, physical and psychological forces that are in operation.

So, what about adolescent sexuality and how much is too much?

I believe there is much too much of this phenomenon that we call teenage pregnancy.

You should know that the birth rate among 14-17 year olds has increased 75% since 1971 while decreasing among all other age groups.

That one million teens become pregnant each year. Thirty thousand of them are under age 15.

And that teen births account for 20% of all U.S. births each year.

And you should know that 94% of these young women choose to raise their infants.

It is significant that 90% of teen women who deliver a child at 15 years or younger never complete high school. 40% fail to complete ninth grade.

We must look at the fact that pregnant women under 16 face a maternal death risk 60% higher than more physically mature women. And that 70% of teenage mothers do not seek out prenatal care during the first trimester of pregnancy.

Startling statistics in my mind, with vast implications for our society. It is a tremendous task for teenagers to provide adequate parenting. I worry about the children of these children.

There are other things that we have too much of. In our culture, we ask sexually developed people to remain in a never-never land of "look don't touch" for many years. We have the most extended adolescent period of any culture in the world. In general, it just isn't logical.

And then I look at what the media says to these T.V. generation participants in a painfully long adolescence. I cringe at the messages we all receive. Monday evening I turned the television on for 15 minutes to acquire a sampling of what our kids spend a lot of time passively digesting. First I see an ad for an upcoming movie called "Anatomy of a Seduction." Then Ace Hardware presents Suzanne Summers not talking much about wrenches or copper wiring. Following this, an ad for toothpaste that warned Wendy to watch out, once her man brushed with sexy toothpaste. Capping all of this off was the beginning of a Special honoring 25 years of Playboy magazine which is(and I quote) "dedicated to the appreciation of pleasure, play and the great indoors."

Honestly I'm no prude, but it occurs to me that we have too much sex for the wrong reasons and in the wrong context. As one junior high student put it when we were discussing the media, "You see we've got a lot of sexing' and not much loving." It must be confusing to not have explicit permission for something that is in front of us at every turn.

We have too much venereal disease among our young people. In some communities 10-20% of the teenagers have VD. We thought we had it licked once but it has become a national epidemic. In the large marjority of cases, its attitudes that

prevent people from seeking health care. Especially women who more often show no symptons. Teenagers have little or no access to low cost, confidential sex related health care.

I have no national statistics on juvenile prostitution; I do know that according to a recent study done in the Twin Cities area, on any given day in those two cities there are 150-200 juveniles prostituting themselves. One is too many. The study also found that most juvenile prostitutes are concerned with their physical safety. They have recurring health needs, both generally and in relation to their prostitution. They experience physical and sexual abuse, are psychologically dependent on their pimps and 80% reported at least one contact with a social service agency before they entered prostitution. I say to you that the problems of theseyoung women and some men have little to do with sexuality - and everything to do with exploitation, violence and preying on vulnerable people who are searching.

Incest is much too much of a reality in our culture today. I have seen many, many victims of incest (and other forms of abuse) whose topical behavior is atrocious and difficult to live with. As people who interface with youth on a regular basis, it is important to look under the behavior for the possibility of sexual abuse, incest, or other forms of abuse. We find that treatment of the damage caused by sexual abuse is very hopeful. Long term affects are realized powerfully and negatively as the secret remains inside.

The last point I will make in the area of what is too much, is that we have far too much of the kind of attitude that prevents all of us from being persons and not roles. I find sexism especially crippling in the area of adolescent sexuality. Young men who feel impelled to be sexually active as a proof of their masculinity, or who are often left out of the discussion when unplanned pregnancies arise . . . or view it as not their problem. As I teach sex education to teenagers, one of the most persistent questions I get is, How can I say No when everyone is doing it and guys won't stay with me if I don't? For both women and men these forced roles and sexist postures have devestating effects. Many young women come to our clinic pregnant and confess to avoiding birth control as a way to appear spontaneous. Nice girls are not prepared. The only real choice perceived by these teenagers is to be carried away with passion. In the realm of sexism, I have a pet peeve. We are more likely to push teenage women into the arms of the law than men because we fear our daughters' sexual misbehavior and our system oftens brands as delinquent girls who exercise the sexual rights traditionally reserved for boys. It is a fact that nationwide women's status in society concerning their sexual activity has been enforced with a vengence by the courts. So, it is long past the time for us to examine our values and begin looking at individual people, not labels based on antiquated notions of promiscuity.

In these cases we are treating sex as a crime. I've never seen a situation where a parent is complaining about their son being with an older woman or a boy described as promiscuous. It is the same attitude which has kept us from prosecuting johns and pimps along with prostitutes.

There is a lot to ponder. And underneath it all are human beings. Young people who express their sexuality for the same myriad of reasons that adults do . . . warmth, love, security, fear, pressure, reward, acceptance, pleasure. Those special problems I have just spoken to are the issues that bring us here today. And the million dollar question it leads us to is "What can we do about it?" You are here to help each other with the answer to that question. I would like to spur you on by suggesting that we look at what we have "too little of."

It seems to me that we have too little of the right kinds of education. It has ceased to amaze me, but it still saddens me when seniors in high school ask questions like, "How could I be pregnant, I only had sex once?" I stood up after intercourse, how did the seed reach my uterus?"

But if we have too little of the physical parts of sex education, we are far more lacking in our discourse with adolescents about all of the other aspects of human life and sexuality. About love and relationships and marriage and parenting. Think about your work settings. If there is not this kind of dialogue happening, you are the people who can urge this to begin.

In general, make sure there is time for adult-teenage discourse and teenager to teenager discourse. I believe strongly that kids respond well to what I call mentorship, an adult who takes a special interest in him or her. Pregnancy Care Program.

Think back on your own adolescence and those people or that one person who profoundly influenced you.

Peer Support Groups - help people weather the most serious of life catastrophes. It is comforting to an incest victim to know that they are not "the only one." Peer support works well with teenagers who have been or are involved in prostitution. At Face to Face we are running a postnatal support group of teenage mothers and are thinking of starting one for teenage fathers. When all of the pressures of parenthood meet with all of the pressures of adolescence, the on-going support and care of those in like situations has huge potential.

Another thing that we have too little of is enough for our young people to do. Several months ago, Psychology Today devoted an issue to adolescence. One of the articles that struck me was called "Wanting to get into the Club." In it a young

man spoke eloquently of the long wait teenagers have to begin participating fully in life. Achievement, recognition and feeling useful is essential for everyone's mental well being. I encourage all of you to use that energy for the valuable resource that it is. Teach kids alternative ways to feel good. Make sure they excel in something and are given strokes for it. I believe it relates directly to sexuality because when we feel good about ourselves we tend to make better sexual choices.

Finally, we have far too little looking at our own fears, hangups, joys in relationship to sexuality. We have too little faith in our individual abilities to be successful with kids in the area of sexuality. For me, developing the ability to risk with teenagers is the key to programs which successfully help youth more toward adulthood. Sharing our own values and perceptions of sexuality is something I find kids are thirsting for. That means saying more than "don't" or doing what my mother did - writing me a letter. It means expressing ourselves in a nonjudgmental way.

I encourage you to do what you need to do to develop those skills in each other. Hold a workshop on talking with teens about sex. Practice saying, I don't know. Practice saying "this subject makes me uncomfortable, but I very much want to talk about it." Continue to look at some of these issues such as prostitution and incest. Discuss with your colleagues your feelings about sexually active teenagers. Educate parents to begin to dialogue with their children. Begin to break this weary silence.

I have outlined this morning some of the issues that I feel are relevant to adolescent sexuality, the "too muchness" of it and the "too littleness" of it. If I can say anything for sure it is a topic rife with values controversy - but the bottom line seems to be that teenagers make sexual choices for the same reasons and motivations that we all do. Some of them are positive and some of them are negative. Some of their choices will fit with your values and some of them will not.

My hope for all of us, children, teenagers and adults, is that we work towards helping one another make sexual choices which enhance our self esteem, not tear it down. My second hope is that when mistakes and negative choices are made that we as professionals provide youth with a place to receive support, honesty and empathy. I look forward to today. Thank you.

ADOLESCENT SEXUALITY: HOW MUCH IS TOO MUCH?

WHAT DO WE KNOW?

We know that:

- many adolescents are both ignorant and misinformed about the physical aspects of sex and that their parents and we who work with them are woefully lacking in information.
- parents have problems talking about sex with their kids. Because sex is not talked about very much, both parents and kids minimize the problems.
- parents are afraid to talk about sex with their kids because they are afraid it will lead to experimentation.
- workers have problems talking about sex with kids. We are uncomfortable with the vocabulary of sex. We have not always come to terms with our own sexuality.

We know that:

- Sexuality is not the specific problem; acting out is the problem.
- Acting out sexually is a survival technique. Kids do stuff for a reason, not from bad intentions. Example - it may keep the family talking, from splitting apart.
- Change will not come overnight. Slowly, small changes occur, one step at a time.
- People with good self-esteem make better sexual judgments. Abused and neglected children have low self-esteem. Their response to our efforts to communicate, may be withdrawal, hostility or placating politeness.
- Teenagers often do not have sex for pleasure.
- Abused and neglected children are often intensely loyal to their parents.

WHAT CAN WE DO?

We can:

- Become informed, know the facts, learn the vocabulary. Our expertise will help kids trust us.
- Keep books, pamphlets and articles concerning all aspects of sex and sexuality around, visible and available. Access encourages questions and communication.
- Become aware of our own sexuality. Remember what we learned from our parents, what we hid from them and what hidden behaviors we performed.
- Become aware of our own standards and values. What we are influences others much more than what we say.

We can:

- Listen. Listening may be the best way to get someone to change.
- Engage in active listening. Workers and adolescents need to know what each other is saying.
- Help kids to think. Help them to plan.
- Help adolescents to clarify their values. Get them to ask themselves, "Do my values correspond to what I want out of life?"
- Be nonjudgmental toward children, toward their parents.
- Ask questions nonjudgmentally. Find and practice questions that are nonthreatening and open ended.
- Be open to an abused child about reporting their injuries to the authorities. We can explain what will happen, accept their hostility and focus our concern on them.
- Allow adolescents to speak for themselves. Reading their minds or second guessing their feelings may threaten. If we want to help them express a thought or a frightening feeling, universalize the idea.
- Be affirmative. Let adolescents know they are trying to grow up; that parents are trying to be good parents.

ADOLESCENT SEXUALITY: HOW MUCH IS TOO MUCH?

SOME UNRESOLVED ISSUES

- Acting out sexually is primarily perceived as a "female problem." Sexism pervades our view of adolescent acting out behavior.

- There are major value conflicts among those groups directly concerned with adolescents - parents, police and workers. These value conflicts lead to distrust among all these groups.

- Distrust is one of the most serious barriers in preventing and resolving problems in the area of teenage sexuality. This distrust prohibits the free flow of information and resources which could be effectively used.

    a. The police perceive that social agencies do not trust them.

    b. Workers in social agencies do not trust the police.

    c. Parents have troubles trusting both the police and social agencies.

- There are too few places to place those children who have been abused, neglected or exploited in our society. Furthermore, we have not developed strategies to cope with children for whom such placement cannot be found.

ADOLESCENT SEXUALITY: HOW MUCH IS TOO MUCH?

RESOURCES

Workshop Leaders

Kathleen Hepler, Education Director
Face to Face Health & Counseling Services, Inc.
730 Mendota
St. Paul, Minnesota 55106

Selma Lobel, Executive Director
Planned Parenthood League of Connecticut
297 Farmington Avenue
Hartford, Connecticut 06105

Nancy Raiha
Sex Therapist
2224 Robin Road
Oak Grove, Kentucky 42262

OTHER RESOURCES

Film - Teenage Fathers

Produced by Children Home Society (California)
and available through Planned Parenthood.

Other training materials such as role playing exercises, films and brochures are available by contacting Planned Parenthood.

WHAT ARE WE GOING TO DO WITH THESE KIDS?

Some Guidelines and Suggestions

A Basic Assumption: Behavior is Purposeful
(Even if the end result appears dysfunctional)

*Most folks have a good reason for doing what they do.

Crisis is a Time for Change

Pain = Vulnerability

You Need to be a "Hooker"

You Need a Direction: What Should Change?

Whose Decision Should This Be?

*Watch Out for Fantasies of Omnipotence/the Ultimate Answer

Don't Wait for Miracles

Change Happens One Step at a Time

INTERVENTION SKILLS
*If anyone is in enough pain, they'll want to change - if they believe it's possible.

1. Listening Skills (Always the First Order of Business)
*The best way to get someone to listen to you is to listen to them first.

a) Silence

b) Non-Committal Acknowledgment
"Oh"
"Mmm"

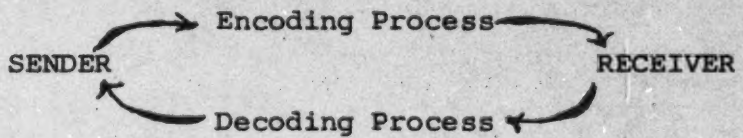
Non-Verbal Cues

c) Door Openers (Open-Ended Questions)
I'd like to hear about what happened.
Would you like to talk about it?
Can you tell me what happened?
Want to talk a little?

Especially good in starting to talk

d) Active Listening

Active listening is hypothesis generating and testing. It is your guess at what is going on inside the sender. You, as receiver, send your hypothesis to the sender and s/he can accept or reject your assessment of the feeling. If your hypothesis is confirmed, the sender will have the door opened to talk and will have a lot to say. If you are wrong, the sender will appreciate your effort at understanding him/her. S/he will often start to talk to better explain how s/he really feels.



Sender: Makes statement or asks question

Receiver: Must try to understand the feelings of the sender

Your clue to how the person is feeling is your assessment of how you would feel if you were in that person's shoes.

2. Values Clarification - Helping Kids Find Themselves
*Anything people figure out for themselves they'll remember forever.
Anything you tell them they've probably already forgot.

Identifying what's important

Differentiating between situations

Identifying alternatives

Seeing Cause and Effect

Getting in Touch with Reality.

3. Affirmation - Accept the person even if you can't accept the act.
*If you expect people to act civilized, they usually will.
CONVERSE: If you expect people to act uncivilized, they will.

Increased genuine self-esteem can only result in more responsible behavior.

4. Modeling - They learn a lot more from what you do than what you say.

Be in control; don't be a controller.

5. Authority = Expertise, not power

Knowledge impresses
Ignorance inspires contempt

DEALING WITH HOSTILITY
Anger is an iceberg

Fear

Low Self-esteem

DON'Ts

1) Assume
Listen to your own feelings instead of their's

2) Preach
Solve problems for them

3) Make people over in your own image

4) Knock the parents

5) Be sympathetic rather than empathetic

NANCY K. RAIHA, MSW

SEXUAL PHYSIOLOGY AND FUNCTIONS

T F 1. Nocturnal emissions ("wet dreams") indicate a sexual disorder.

T F 2. Women do not experience nocturnal orgasms.

T F 3. Women ejaculate, as men do.

T F 4. Ejaculation and orgasm in men are one and the same phenomenon.

T F 5. Simultaneous orgasms are more satisfactory than those experienced separately and are, moreover, necessary for sexual compatibility in marriage.

T F 6. Sexologists are in agreement that there is a distinct difference between a vaginal and a clitoral orgasm.

T F 7. During menstruation, women should not engage in sports; nor should they take a bath, shower, or shampoo their hair.

T F 8. Menstruation begins earlier in girls living in the tropics than in girls living in cooler climates.

T F 9. Lower animals menstruate just as humans do.

T F 10. The absence of the hymen proves that a girl is not a virgin.

T F 11. The presence of the hymen is ipso facto evidence that a girl is a virgin.

T F 12. The best health is enjoyed by those who abstain from sex.

T F 13. Excellence of athletic performance is reduced by sexual intercourse the night before or the day of any athletic competition.

T F 14 Diminishing function of the sex glands signals the end of the sex life of both men and women.

T F 15. Impotence in old men is always the result of physical factors.

T F 16. The size of a man's penis can be judged by the size of his hands and feet.

T F 17. The man with a large penis is more sexually potent than the man with a small penis.

T F 18. The penis of the black male is larger than that of the white male.

T F 19. A small penis can usually be enlarged by the use of drugs or hormones, or by performing a specific series of exercises.

T F 20. Sexual intercourse should be avoided during pregnancy.

T F 21. The older man has no advantages over a younger one insofar as satisfactory coitus is concerned.

T F 22. A woman's repeated sexual experiences with one man will leave a mark on a child later fathered by another man.

T F 23. Humans can get "hung up" (i.e., experience penis captivus) during sexual intercourse.

SEX DRIVE

T F 24. Each individual is allotted just so many sexual experiences; when they are used up, sexual activity is finished for that person.

T F 25. Blacks have a greater sex drive than whites.

T F 26. Alcohol is a sexual stimulant.

T F 27. Marijuana is an aphrodisiac.

T F 28. Sterilization reduces the sex drive of a man or woman.

T F 29. Castration always destroys the sex drive completely.

T F 30. The total or partial removal of the prostrate reduces a man's sexual enjoyment, and will ultimately destroy his sexual capabilities.

T F 31. Menopause or hysterectomy terminates a woman's sex life.

T F 32. Sex desire and ability decrease markedly after the age of 40 to 50.

T F 33. The amount of hair on a man's body is an index of his virility.

T F 34. A poor sexual adjustment in marriage inevitably spells its doom.

REPRODUCTION AND BIRTH CONTROL

T F 35. There is an absolutely "safe" period for sexual intercourse in which coitus cannot cause impregnation.

T F 36. Vasectomies are 100% successful as a birth-control technique.

T F 37. A couple must have simultaneous climaxes if conception is to take place.

T F 38. A woman can become pregnant only through coitus or artificial insemination.

T F 39. Urination by the woman after coitus, or having sexual intercourse in standing position will prevent pregnancy.

T F 40. Abortion, whether legal or criminal, is always dangerous.

T F 41. Frigid women, prostitutes, and promiscuous women are not so likely to conceive as women whose sexual response or activity is more normal.

T F 42. There must be two acts of sexual intercourse to produce twins, three for triplets, and so on.

T F 43. Sperm from one testicle will produce males, and from the other, females; or the ova from one ovary will produce males, and from the other, females.

T F 44. Having only one testicle reduces a man's ability to father a child.

T F 45. The woman determines the sex of the child.

T F 46. A woman's diet during pregnancy has a bearing on the sex of the child.

T F 47. The sex of a child to be conceived is a matter of pure chance, and nothing can be done to change the odds.

T F 48. A fetus sleeps during the day and is awake at night (and kicks).

T F 49. A seven-month baby has a better chance of survival than an eight-month baby.

T F 50. An unborn child can be "marked."

T F 51. "Virgin Birth" (parthenogenesis) does not occur in humans or animals.

T F 52. The birth-control pill will eventually cause a wide variety of ills in any woman using it for any length of time.

T F 53. Taking the pill will delay a woman's menopause.

T F 54. Humans and infrahuman animals can crossbreed.

T F 55. A breast-feeding mother cannot become pregnant again as long as she continues to nurse her baby.

HOMOSEXUALITY

T F 56. Homosexual offenders are a menace to society.

T F 57. People are either totally homosexual or totally heterosexual.

T F 58. Childhood involvement with an adult hemophile is an important causative factor in the individual's later becoming a homosexual.

T F 59. Men (and women) are homosexuals because they were "born that way."

T F 60. Hormonal imbalance is the chief cause of homosexuality.

T F 61. Homosexuals are more creative than heterosexuals.

T F 62. Oral-genital sex between a man and a woman indicates homosexual tendencies.

T F 63. Because of their sexual tendencies, homosexuals are more likely than heterosexuals to be disloyal to their country or cause.

T F 64. The man who enjoys having his nipples stimulated has suppressed homosexual desires.

T F 65. A child conceived through rear-entry coitus will be homosexual.

T F 66. Any lesbian would prefer a man, if he here a "real man" and if he used the right techdique.

T F 67. Most prostitutes are lesbian.

T F 68. The typical career woman is a suppressed lesbian.

SEXUAL DISORDERS AND SEXUAL ABNORMALITIES

T F 69. Frequent masturbation has been known to lead to lunacy.

T F 70. Masturbation can cause a number of physical manifestations, including warts, hair in the palms of the hands, pimples, acne, and ultimately, impotence.

T F 71. Masturbation is a practice restricted almost exclusively to men.

T F 72. Masturbation is a habit of the young and immature; its practice typically ceases after men and women marry.

T F 73. Unusual or excessive sexual practices can lead to mental breakdown.

T F 74. Vaginal-penile intercourse is the only normal method of sex relations.

T F 75. Women who have strong sex drives, come to easy climax, and are capable of multiple orgasms are nymphomaniacs.

T F 76. Nymphomaniacs and satyromaniacs abound in our society.

T F 77. If one partner desires sex more often than the other, nothing can be done to make the couple sexually more compatible.

T F 78. People suffering from sexual inadequacy--i.e., impotence, premature ejaculation, frigidity--can expect little help from treatment of their problems.

T F 79. Premature ejaculation is due to physical circumstances.

T F 80. Circumcision makes it difficult for a man to control ejaculation.

T F 81. A transvestite and a transsexualist are the same, and both are homosexuals.

SEX OFFENSES

T F 82. A sex offender cannot be cured and is likely to continue his unacceptable behavior for the rest of his life.

T F 83. The person who commits a series of minor sex crimes will quite likely become involved in more serious sex criminality if he is not apprehended.

T F 84. Being oversexed is a primary characteristic of sex offenders.

T F 85. The typical sex offender, particularly when the victim is a child, is aggressive and potentially homicidal.

T F 86. Sex offenders are typically unreligious.

T F 87. Sexual molesters of children are usually over 65 years of age.

T F 88. Pornography has a corruptive effect on people's minds and behavior, especially children's.

T F 89. Pornography stimulates people to commit criminal sexual acts.

T F 90. Pornography and obscenity lead to sexual excess and sexual acting out.

T F 91. Excessive exposure to pornographic material leads to an ever-increasing craving for pornography.

MISCELLANEOUS

T F 92. The average physician is well trained and emotionally equipped to deal with his patients' sexual problems.

T F 93. The virginity of the woman is an important factor in the success of a marriage.

T F 94. Nature compensates for the number of males killed during a time of war.

T F 95. If a white woman has a blood transfusion from a black donor, the child she later conceives may be black.

T F 96. Heart patients need not worry that sexual activity will be detrimental to their health, so long as they remain physically inactive and quiet during coitus.

T F 97. Today's young adults are "going wild" sexually.

T F 98. Sex education has no place in our schools, because it is a communist plot to destroy the country from within, and because it leads to: (1) sexual acting-out behavior; (2) a rise in promiscuity; (3) an increase in premarital pregnancy; (4) etc., etc., etc.

X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

May 17, 1979

INCEST: A FAMILY AFFAIR

KEYNOTE SPEAKER:

Dr. Suzzane M. Sigroi
419 North Main Street
Suffield, Connecticut 06078

For prepared remarks by Dr. Sigroi refer to An In-Depth Look At Runaway Youth

X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

May 17, 1979

INCEST - A FAMILY AFFAIR

Learnings from the workshop - panel

WHAT DO WE KNOW?

We know that:

- Denial is the most serious barrier in the approach and treatment of incest and sexual abuse. Families, victims, doctors, the police and other justice officials, school teachers, counselors and all of society take part in this process of denial.

- Belief is the most therapeutic thing that can happen to the victim.

- Confronting a child and the family with a report of sexual abuse will put the entire family into immediate crisis.

- Some mothers sexually abuse their little boys.

- There is little cooperation among the various helping groups who come into contact with victims of sexual abuse.

- Our protective responsibilities toward the child supersede all others.

WHAT CAN WE DO?

We can:

- Identify what we don't know about sexual abuse and educate ourselves.

- Concentrate our case experience on a few people in each agency or organization. These people need to handle all the sexual abuse cases in order to gain experience. Experience is the key to successful resolution.

- Help each other. A team composed of a few people from law enforcement, child protective services and counseling/therapy agencies need to meet regularly, discuss what they are doing, support and cooperate with each other and supervise each other's work. We need these groups to "keep ourselves honest."

- Work with the police by reporting all cases to them even when there is not enough evidence for a sexual abuse case (other things may be going on in the family). Involve them in educational and mutually supportive processes.

- Support legislation to eliminate incest as a separate crime and make it a part of the sexual assault laws. This legislation would protect the victims by curbing speculation surrounding publicized incest cases.

We can in interviewing:

- Believe children when they give us explicit descriptions of sexual assault. Help one or more members of the family to believe the victim. Confronting the family without establishing this believability will result in breaking the child.

*- Develop an approach and an interview technique:

  a. Get as much background as possible before seeing the child.

  b. See the child alone in neutral territory. Find out the following: How long and how extensive was the abuse? What approach, threats and rewards were used? What will Mom do when she finds out. Use the language of the child.

c. Try to find out what the child truly wants. Only by dealing with that will the child stick to her story.

d. Try to enlist Mom as an ally even if there has been some collusion.

- When interviewing in any case (suspected sexual abuse or not), know the key indicators and be prepared to ask questions which may reveal sexual abuse. Because families in which sexual abuse is taking place are highly dysfunctional, they may come to the attention of various helping groups for other reasons.

We can in treatment:

- Use non-verbal forms of therapy such as art therapy and puppet play to encourage a child to talk.

- Find the positive strengths of every victim to counteract the poor self-image and low self-esteem all victims have.

- Work with sexually abused youngsters in groups. Groups can help victims develop socialization skills, reinforce positive behavior and rechannel negative behavior.

- Continuously reassure adolescent victims that they are not dirty and damaged. Reassurance from a doctor is crucial.

- Reach out and support the child at each and every step of the process.

- Provide sex education for our children in institutions (i.e., Long Lane).

SOME UNRESOLVED ISSUES:

- Sexism pervades our attitudes toward incest. Our attention is focused on sexual abuse of female children by male figures in the family. Little attention is paid to possible molestation of male children by female figures.

- Denial and disbelief concerning incest are magnified when special groups in our society are at risk such as the mentally retarded.

- Some people in our society believe that incest is a norm among some ethnic minorities.

- The sex offender is viewed quite differently by different agencies. Some see offenders as pathological with little or no hope of rehabilitation within the family unit. They believe that if offenders are allowed to stay in the family they eventually return to their sexual abusing behavior. Others see the offender as capable of rehabilitation. They believe the offender is necessary to the renewal of family life and to the health of the victim.

- The criminal justice system requires that we report all cases of sexual abuse, but the system to respond to these reports is not in place. The many gaps in the response system create a sense of distrust and a perception of inefficiency surrounding those groups who work on sexual abuse cases in the community.

INCEST - A FAMILY AFFAIR

RESOURCES

Workshop Leaders

Linda Canfield
R.F. 1
Jobs Pond Road
Portland, Connecticut 06480

Dr. Suzanne M. Sgroi
419 North Main Street
Suffield, Connecticut 06078

Norma Totah
Human Resource Development Center
633 Washington Street
Middletown, Connecticut 06457

Double Jeopardy

This is a 40-minute film produced by Calvacade Productions and available through MTI (Metromedia) Teleprograms, Inc., 4825 North Scott St., Schiller Park, Illinois 60176.

While the judicial proceedings in a sexual abuse case can help the abusive behavior and can leverage the perpetrator into a rehabilitation program, the child victim is often subjected to traumatic, embarrassing and demeaning treatment.

"Double Jeopardy" is designed to sensitize helping professions to the problems of the child victim during the judicial proceedings. The case histories demonstrate the benefits of the interdisciplinary approach to dealing with sexual child abuse. Key content includes:

a) The need for understanding child developmental stages.

b) The need to understand the dynamics of sexual abuse.

c) The importance and role of a child advocate.

d) Preparation for, and techniques of, interviewing and prosecutor case preparation and courtroom techniques.

As the system frequently operates, the child must contend with numerous and sensitive interviews, disbelief, prolonged adjudication, and demeaning cross-examination. Double Jeopardy shows how both cooperation between the various professional agencies and specialized training of personnel can help attenuate these problems.

Double Jeopardy is designed to provide training and support for helping service professionals, prosecutors, medical personnel, and law enforcement personnel.

REFERENCE MATERIALS

Publisher	Title
Sol Gordon Ed-U Press 760 Ostrom Ave. Syracuse, N.Y. 13210	VD Don't Pass It Around 10 Heavy Facts About Sex Juice Use Protect Yourself Drug Doubt
Planned Parenthood Center of Syracuse, Inc. 1120 East Genesee St. Syracuse, N.Y. 13210	Sex Facts Sex Education at Home Contraceptives
Planned Parenthood Federation of America, Inc. 810 Seventh Avenue New York, N.Y. 10010	How Talk to Your Teenagers About Something That is Not Easy to Talk About
The Alan Guttmacher Institute Research & Development Division of Planned Parenthood Federation of America 515 Madison Avenue New York, N.Y. 10022	11 Million Teenagers
RMPP Publications Rocky Mountain Planned Parenthood 1852 Vine Street Denver, Colorado 80206	The Great Orgasm Robbery So You Don't Want to Be a Sex Object The Perils of Puberty The Problem with Puberty Birth Control So Your Happily Ever After Isn't

These materials are available upon request from the respective publishers.

Research and evaluation studies of ongoing treatment programs often pose difficult problems for service providers and researchers alike. Program administrators need to know how effectively and efficiently services are delivered to clients. Ideally the researcher is interested in testing a hypothesis, in setting forth a design, and in establishing control or comparison groups, so that differences in outcomes, if they occur, can be measured and assigned to specific variables. The difficulties of such measurements, however, are myriad.

When Connecticut's Sexual Trauma Treatment Program (STTP) was begun, the evaluators were faced with the question of how to perform a valid evaluation of the program. Ethically, it was not possible to assign families randomly to control and treatment groups. A comparison of findings with the results of other treatment programs was a possibility, but little published data exist. Using attitudinal indicators of client change when behavioral indicators are difficult to obtain was considered unsatisfactory. It was felt, therefore, that the evaluation should focus on providing information that would be helpful in furthering program performance and development. In meeting with the program staff, these questions emerged as most important:

1. What happens to clients?

   - What problems and defenses exist?
   - What plans are formulated to deal with the problems and defenses?
   - What occurs in treatment?

2. What is the model for treatment?

   - What are the roles of consultants, multiple modalities, and team treatment?
   - What are the decision points?
   - Is there a written contract?

3. How is the treatment model implemented on the therapist level and on the system level?

   - How are community resources used by staff in treatment?
   - What is the systemic interplay with other agencies, e.g., mental health, law enforcement?
   - How is the treatment team used?

4. How are outside systems used and affected?

   - What is the role of the treatment team?
   - How are formal and informal working agreements arrived at and do they work?

5. What are the training needs of the present staff? Is assistance needed in:

   - Contract writing?
   - Formulation of treatment plans?
   - The use of groups, consultants, treatment teams or record keeping?

To obtain the data to answer these questions, a new record keeping system was devised. A problem oriented record was developed to monitor presenting and developing problems and resulting treatment plans. Data gathered from the problem oriented record were supplemented with information from staff interviews, from the mandated child abuse and neglect report forms, and from other sources. Results were periodically reported back to staff. This process of exchange, i.e., a formative evaluation, allows program issues to surface as they need attention and program adjustments to occur appropriately. The interactive relationship between the researchers and service providers is an unusual example of effective research utilization.

At this point, the case records of 74 families in the STTP program have been examined. Approximately two-thirds of the cases involved intra-familial sexual abuse. In the other cases, the child was sexually abused by someone outside the immediate family. In examining these cases, preliminary answers to the questions listed above emerged.

CLIENTS

Cases of incest cut across all social and economic classes and generally have a formidable number of needs and problems. In addition to the presenting problem of child sexual abuse, 96 percent of the families experience difficulties in family relationship and impaired communication patterns. Also, a majority of families suffer from additional problems such as major financial, educational, employment and intrapersonal difficulties. In short, these are very needy, multiproblem clients.

TREATMENT MODEL

The proposed model for teatment utilized the different strengths of individual therapy, group therapy, art therapy, marital therapy and family therapy. During their involvement in STTP, families were typically seen in three different treatment modalities. Team treatment was used; approximately 85 percent of the cases were served by two or more therapists. On the average, eight cases were seen four times a month or more; the others had fewer contacts. Temporary separation of the child and the family was necessary in some cases.

Therapists worked as a team with families. This required a high level of coordination among therapists, and meshing of therapeutic styles. The team provided a built-in support system for the therapists in that responsibility for difficult families could be shared.

MULTIDISCIPLINARY TEAM

The multidisciplinary team of the Sexual Trauma Treatment Program, consisting of a lawyer, doctor, art therapist, psychologist, police officer, and program evaluators, was employed to facilitate cooperation with the criminal justice system and other community systems involved in serving the sexually abused child. On an individual case basis, the team assisted program staff in clarifying treatment issues and resolving conflicts in treatment planning. "Good consultation" and effective use of the team was dependent on a non-judgmental atmosphere, the availability of team members, regular attendance and participation of consultants and the establishment of clear goals for the case presentation.

STAFF TRAINING NEEDS

Although workers in the STTP program had prior experience in working with cases of child abuse and neglect, they had little experience with the dynamics of sexual abuse of children. Indeed, even workers with professional training have tremendous emotional difficulties with the problem of child sexual assault.

Training was especially important in diagnosing and assessing sexual abuse. This was provided through ongoing supervision, weekly staff meetings and multidisciplinary team meetings. Workers also expressed a need for training in such areas as family therapy, child development, and the law.

SUMMARY

In summary, Connecticut's Sexual Trauma Treatment Program is testing an innovative method of delivering services to sexually abused children and their families. One of its unique features, an integrated evaluation component, has proved useful to program staff and administrators. The process evaluation offers an opportunity to improve program operation on an ongoing basis and to provide a rational base for future program planning.

For further information on the clinical treatment of incest, contact Norma Totah, Project Director, STTP, 94 Branford Street, Hartford, Connecticut 06105.

For further information on the evaluation of STTP, contact Edith Fein or Karen Bander, Child & Family Services, Inc., 1680 Albany Avenue, Hartford, Connecticut 01605.

SUMMARY OF IMPLICATIONS FOR PROGRAM PLANNING AND EVALUATION

The experience of the Sexual Trauma Treatment Program and the results of STTP's evaluation have important implications for those planning and implementing programs for sexually abused children and their families. A summary of some of the most significant implications follows.

PROGRAM CONCEPTS

- No single discipline has exclusive jurisdiction over sexual abuse cases nor exclusive knowledge of how to treat cases effectively. Multidisciplinary intervention is critical to effective treatment.

- The mental attitude on the part of the caseworker or others involved with abused children and their families which denies that sexual abuse has occurred must be overcome. Those who work with this group must be educated so that there is a "willingness to believe" that this can happen, and that the child is not lying or fantasizing.

- A "mandate for intervention" is needed in most child sexual abuse cases. This generally requires the use of authority, i.e., the involvement of law enforcement and the courts, in order to maintain access to the child and encourage family members to cooperate in a treatment program. A balance of an authoritative and supportive approach seems to be most effective in these cases.

- Separation of the perpetrator from the family is preferable to removal of the child. In most cases, temporary separation is needed in the initial stages of treatment.

- Since this population has a formidable number and range of problems, in family relationships, impaired communication patterns, and major financial, educational, employment and intrapersonal difficulties, all of these problems must be considered in developing an adequate treatment and service program.

- Sexual abuse of children cuts across all socioeconomic groups. More research is needed to define the specific sub-populations and to determine the most effective treatment modalities for each.

PROGRAM OPERATIONS

- A sexual abuse program can be established without a large monetary investment through the reallocation and reassignment of personnel. However, since the handling of sexually abused children and their families is highly specialized, cases should be assigned only to those workers who express an interest and willingness to work with them. Such personnel should be able to concentrate their caseloads on sexual abuse cases.

- Each case should have a minimum of two therapists assigned to it. Ideally, a different intervenor or therapist should be assigned to each key family member.

- Individual therapy - for the mother, father and victim - is the core of the program, complemented by other modalities such as therapy for mother and child together and for couples, and group therapy for mothers and for adolescents. Art therapy for the child victim is also recommended.

- Professional in-service training should focus on the dynamics of sexual abuse and appropriate assessment and investigative techniques, since validation of the sexual abuse complaint is strongly dependent on the investigative interviewing and assessment skills of the intervenor. It is also important that workers have a thorough knowledge of the state's law concerning child sexual abuse. Training should also stress the development and refinement of skills for working with involuntary clients.

- A multidisciplinary team approach is most effective in working with child sexual abuse cases. The team approach should be used in a critical case review process (both at an intra- and interagency level), and in the treatment process. Team review of child sexual abuse should, at a minimum, include child protective services, law enforcement and mental health representatives. The participation of medical, legal and non-verbal therapy specialists (e.g., art therapy) is desirable.

- Establishment of a sexual abuse treatment program takes time. Twelve to eighteen months may be required even in communities with well-organized services.

- An evaluation component is essential to the assessment of the program's progress. A formative evaluation allows "program issues to surface as they need attention and program adjustments to occur appropriately."

Intervention in cases of child sexual abuse presents unique difficulties for workers. The results of the STTP program do not represent the complete or final answer to the question of how to treat sexual abuse effectively. However, it is hoped that they offer some guidelines that can stimulate communities to initiate new programs or improve existing ones. As Dr. Sgroi points out, successes are limited and "instant" results should not be expected, but with interdisciplinary communication and coordination, progress can be made in helping sexually abused children and their families.

CONNECTICUT CHILD ABUSE AND NEGLECT DEMONSTRATION CENTER

EXAMINATION FOR CHILD SEXUAL ASSAULT

By Suzanne M. Sgroi, M.D., Project Internist

1. BASIC PRINCIPLES

Every child has the right to receive a complete examination by a competent and knowledgeable examiner if sexual assault is suspected.

The child sexual assault examination should include the following components regardless of the child's age:

A. A complete physical examination with special attention to signs of physical abuse or neglect. In children under six years, a developmental examination and skeletal x-ray survey should be strongly considered.

B. Careful inspection and description of genital anatomy with special attention to signs of urethral, genital and/or rectal trauma. In female children, the size of the vaginal opening (introitus), the condition of the hymenal ring and the diameter of the hymenal opening should all be documented. An aspirate or smear of the vagina should be done to check for the presence of sperm.

C. Each child should receive special cultures to check for gonorrhea from the following areas: throat (pharynx); urthra (urine); rectum (anus); and vagina. A screening blood test for syphilis should also be done.

D. Preventive treatment for gonorrhea and syphilis (penicillin injection) should be considered. If no preventive treatment is given at the time of the initial examination, then the child should be recultured for gonorrhea (as in C) in 3-4 weeks and re-tested for syphilis (blood test) in three months.

E. A careful interview of the child alone should be done by a sensitive and knowledgeable interviewer for investigative and therapeutic purposes. In contrast, interviews of parents and/or caretaking adults should be done without the child present. Information from these interviews should be recorded by the interviewer.

F. Other children similarly situated to the alleged victim should also be evaluated in cases of sexual assault by a family member.

G. Findings from A-F should be considered as a whole. Negative or normal findings in any single component area of investigation do not negate the significance of positive or abnormal findings in another area. Absence of proof does not constitute proof of absence.

II. IMPLEMENTATION

How do you know if the child has received an adequate exam for sexual assault? Ask the following questions.

A. Who examined the child? What is his/her position in the medical facility? If the examination was done by an intern or resident physician, who is the responsible attending physician? Was the attending physician consulted? Did he/she review the findings? Has the case been reported to Protective Services?

B. Was a complete physical examination done? What were the findings? Was there any evidence of trauma or neglect? In children under six years, was a skeletal survey done? A developmental examination? What were the findings?

C. Was a genital/rectal examination done? Was any trauma noted in these areas? In female children, what was the size of the vaginal opening? of the hymenal opening? Was there a check for the presence of sperm?

D. Were cultures obtained to check for gonorrhea infection of the throat, rectum, urethra, urine, and vagina? What laboratory processed these cultures? What were the results of each? Was a blood test done for syphilis? What was the result? Did the child receive preventive treatment for gonorrhea and syphilis? If not, what plans are made for re-evaluation of the child?

E. If tests show that gonorrhea and/or syphilis are present, what arrangements have been made to treat the child and check other family members and children

who are similarly situated? Has the case been reported to the Health Department?

F. Was the child interviewed alone? Were the child's emotional style and response to the situation taken into account? Are there any signs that the child requires therapeutic follow-up for emotional trauma, regardless of physical findings?

Remember that the absolute minimum examination to confirm sexual assault consists of genital/rectal inspection; gonorrhea cultures from throat, rectum, urethra, urine and vagina; a check for the presence of sperm in female children and a blood test for syphilis. If any of these were not done, the child deserves to be re-examined.

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CONNECTICUT CHILD ABUSE AND NEGLECT DEMONSTRATION CENTER

CHILD SEXUAL ASSAULT: SOME GUIDELINES FOR INVESTIGATION AND ASSESSMENT

By Suzanne M. Sgroi, M.D. *

A frequent response to child sexual assault is "leave it to the experts." Unfortunately, experts on this topic are relatively few in most communities and usually see victims and their families on a secondary basis via the referral process. The person who has primary contact with the child victim of a sexual assault is most often a policy officer, protective service worker, school teacher, guidance counselor or social worker, member of the clergy or health professional who has not had specific training in this area. Nevertheless any front-line person may find himself or herself in the role of the initial investigator of a case of child sexual assault by virtue of being "first on the scene" or the person to whom the victim has appealed for help. On the other side of the coin, any or all of the aforementioned people might be sobered to realize that they are preceived to be "expert" on sexual molestation by the community which they serve. Because of the widespread unfamiliarity and discomfort expressed by many on this topic, the following basic guidelines for investigation and assessment are offered.

1. GENERAL APPROACH TO PROBLEM

   A. Keep An Open Mind. "Recognition of sexual molestation in a child is entirely dependent on the individual's inherent willingness to entertain the possibility that the condition may exist.

   B. Keep Cool. Sexual molestation of children is such an emotion-laden topic for most people that objectivity requires much effort and self-discipline. Nevertheless it is almost impossible to protect or help the child victim in the absence of a calm and professional approach.

* Dr. Sgroi is in private practice for internal medicine and primary care for adults and children at 419 North Main Street, Suffield, Connecticut 06078. This outline was formulated while Dr. Sgroi was serving as chairman for the DCYS Sexual Trauma Treatment Program.

C. Keep Awake to the fact that situations of child sexual assault are the most volatile and potentially dangerous of all social problems from the usual perspective of the family and community. Even as you are remaining calm and objective, remember the potential for violent reaction on the part of other participants.

II. APPROACHES TOWARD INVESTIGATION

A. Medical Examination. This is essential in all cases regardless of the date of the alleged assault. If properly performed this can usually be done with the child's cooperation on an outpatient basis. Hospital admission is rarely required.

1. The medical examiner should be a physician who is

   a. Knowledgeable about what is required,
   b. A credible witness in court (preferably an attending physician or a physician in private practice rather than an intern or even a resident physician),
   c. Unafraid to participate (many physicians are unsure of their own competence in this area and are reluctant to "become involved.")

2. The medical examination should include

   a. A good overall medical history,
   b. Identification of all trauma with emphasis on genital, rectal and oral trauma,
   c. Careful description of genital anatomy regardless of presence of trauma (e.g., condition of the hymenal ring and size of the vaginal opening in small children),
   d. Tests for presence of sperm and venereal disease (e.g., blood test for syphilis and cultures for gonorrhea infection of the pharynx, urine, genitals and rectum.

3. The context should be that of an overall general physical examination. If necessary, be prepared to make the examining physician aware of the need to do a complete physical exam in order to:

a. Identify other physical signs of child abuse or neglect, and
b. To de-emphasize the psychological impact of the genital exam upon the child.

B. Interviewing for Facts. This may precede the medical examination or else be initiated as part of the medical exam.

1. Circumstances of the Interview

a. Try to interview the child alone,
b. Try to obtain the child's version of what happened independent of the parents' or caretakers' or suspected perpetrator's version. Especially try to avoid having the child present during the adult's description of what transpired.

2. Approach to the Child

a. Try to convey a relaxed, unhurried attitude throughout. If you are anxious, uncomfortable, hurried or ill at ease, the child will quickly pick this up and be affected accordingly.
b. Establish a relationship with the child prior to discussing the alleged sexual assault. Avoid "zero-ing in" on the topic of the assault prior to establishing a relationship.
c. Identify and establish the child's level of understanding of human anatomy. Find out what terminology he or she uses to identify organs and functions. Be prepared to use the child's own terminology if he or she is too young to use appropriate terms. If necessary use diagrams, pictures or dolls to illustrate or act out what may have occurred.
d. Don't dwell too heavily on the identity of the alleged perpetrator. Avoid a "whodunit" approach.
e. Avoid being judgmental about information supplied by the victim. Don't presuppose the experience was bad or painful for the child - it may have been neutral or even pleasurable. Avoid projecting your own feelings or perceptions about the situation onto the victim.
f. Don't presuppose guilt or anger in the child victim - neither may be present. Again avoid projecting your own reactions upon the child.

C. Interviewing for Therapeutic Purposes

1. Child Self-Expression
Encourage the child to talk, bearing in mind that family members may discourage children from verbalizing their reactions. Drawing pictures may also assist a child to express reactions.

2. Child Reassurance
Be prepared to reassure the child about:

a. Possible physical damage to himself or herself
b. Potential consequences to child because of his or her own role in the incident (children are likely to be fearful of punishment),
c. Feelings of shame or guilt-these should be anticipated in all child victims, regardless of the degree of their cooperation with the sexual offender.

3. Parent Reassurance
Be prepared to reassure parents about potential consequences of the assault for the child.

4. Parent Participation
Enlist parents' aid in encouraging the child to express and "work through" reactions to the incident at home.

III. APPROACH TOWARD CHILD PROTECTION

A. Reporting. Be prepared to report all cases of child sexual assault to the local:
1. Child Protective Services,

2. Police (even when the facts of the case do not warrant or permit prosecution, the police should receive reports for statistical purposes).

B. Avoiding Confrontation. Avoid confrontation between the child sexual assault victim and the alleged perpetrator whenever the alleged perpetrator is a family member. NEVER confront the alleged perpetrator with the child's own accusation against him or her in an intrafamily situation UNLESS you are certain that the child or alleged perpetrator can and will be removed

from the home. To permit or initiate this type of confrontation in the absence of an effective plan to protect the child from retribution by the perpetrator is to expose the child to risk of serious bodily injury or even death.

C. Offender - Child Relationship. Dont presuppose that the relationship between the child and perpetrator following the alleged sexual assault incident will be negative if sexual assault actually occurred. On the contrary, a warm affectionate and loving relationship may exist and continue between the child and an incestuous parent. Observable evidence of spontaneous, fearless, and affectionate behavior between the child and alleged perpetrator neither supports nor disproves the allegation of sexual assault and should not be cited or treated as such.

D. Sex Bias Re Targets. Because females are traditionally regarded as the most common targets of sexual assault, it is easy to harbor a built-in bias that the only child victims of sexual assault are little girls. Do not overlook the very real possibility that little boys may be targets of sexual assault as well in both intra-family and extra-family situations. All too often attention is focused on female children in a situation where male children are equally or perhaps at greater risk, depending on the circumstances. Whenever child sexual assault is being investigated, both male and female children should be considered possible targets and interviewed and examined accordingly.

E. Continuum of Exposure. In general, the incident of intra-family child sexual assault that comes to community or professional attention is rarely the first incident that has occurred within that family. Be aware that the incest phenomenon usually proves to be a continuum of exposure to sexual contact experienced by the child victim over a long period of time. A continuum of exposure should therefore be pre-supposed by the investigator unless specifically proved otherwise and investigation and examinations proceed accordingly regardless of how long ago the alleged incident is said to have occurred.

F. Irresolution. Every professional who is called upon to assist child victims of sexual assault must learn to live with irresolution of many cases. Frequently the total facts elicited by investigation will neither support nor disprove the allegation. Do not automatically regard all unproved cases as unfounded. Child victims of unproved cases are often more needy of professional support and assistance than are proved victims of child sexual assault.

References

1. Sgroi, Suzanne M., "Sexual Molestation of Children: The Last Frontier in Child Abuse", Children Today, Vol. 4, May-June, 1975.

2. Burgess, Ann W., "Sexual Trauma of Children and Adolescents", Nursing Clinics of North America, Vol. 10, September, 1975.

* KEY INDICATORS

FOR CHILD SEXUAL ABUSE

1. Parental history of sexual, emotional, physical abuse.
2. The father is domineering, rigid and restrictive. The family is socially isolated
3. The father is angry and fearful toward women
4. The father has low impulse control. There is often alcohol abuse and history of sexual trauma in father's background
5. The father is timid and passive with the outside world, but within the family he may be timid, or aggressive and abusive
6. The husband and wife are sexually estranged or have a strong sense of sexual dissatisfaction despite frequency
7. Prolonged absences of mother from home: works nights, deeply involved in activities outside the home, loss of mother by divorce, separation, death
8. Role confusion and lack of boundaries within family:
   - child assumes maternal role; cares for father and siblings during mother's frequent absences - child assumes role of wife and mother
9. Child receives special favors from father: money, better clothes, more attention than siblings & mother
10. The incestuous father is more prevalent in large families than in small ones

Key Indicators for Child Sexual Abuse

11. The mother's behavior in the home manifests dependency and infantilism. She is depressed, immature or distant and cold
12. Mother feels powerless, unworthy, and unlovable and relinquishes her role to her daughter
13. Mother is competitive with daughter; resents her special relationship with father
14. All family members pervasively deny that incest has occurred or continues to occur.1
15. Incestuous families erect a strong fortress against the rest of the community - collude to "keep it in the family"
16. The family ego structure is shame based- pervasive sense of low self-esteem, damaged body - sexuality seen is shameful;

This material has been extracted from a pamphlet entitled "Basic Facts About Child Sexual Abuse" published by the National Committee for Prevention of Child Abuse, 1978, a workshop presentation by Dr. G. Alexander Zaphiris, Professor at the University of Denver Graduate School of Social Work, and the clinical findings of the DCYS Sexual Trauma Treatment Program.

PHYSICAL INDICATORS

1. Irritation, pain, or injury to the genital area
2. Vaginal or penile discharge
3. Difficulty with urination
4. Pregnancy
5. VD in a child under 13
6. Nightmares

BEHAVIORAL INDICATORS

1. Arriving early at school, leaving late
2. Sexual self-consciousness, provacativeness, vulnerability to sexual approaches
3. "Talk of the Town" type of sexual promiscuity
4. Running away, drug & alcohol abuse
5. Acting out of aggressions including stealing, giving trinkets to other children to buy friendship
6. Inability to concentrate & perform academically
7. Regressive behavior such as acting childishly, crying excessively, thumb-sucking, withdrawal into fantasy world
8. Poor peer relationships; unable to make friends
9. Comments may include:
   - he fooled around with me
   - my mother's boyfriend does things to me when she's not there
   - I don't like to be alone with my father
   - I'm afraid to go home tonight
   - Will you help me find a place to live?

BEHAVIORAL INDICATORS

10. Depression, shame, humiliation, guilt, betrayal, self-hate
11. Child feels intense anger toward mother for failing to protect her
12. Child is fearful that mother will not believe her if she tells

KEY CONCEPTS

1. The parents bear the entire responsibility
2. Father is key to disturbed dynamics
*3. Father is responsible for choosing a sexual relationship with his daughter
*4. In any therapeutic encounter - the father's responsibility must be emphasized and identified regardless of his motivation or wife's or daughter's contribution
5. Socio-paths & psychotics are not amenable to out-patient treatment
6. Society is greatest obstacle to preventing and treating child sexual abuse
   1) most people deny that it exists
   2) society is reluctant to deal with sexuality in a realistic open way
7. Need for treatment programs and public awareness
*8. Reaching out to family in crisis is as important as establishing a therapeutic alliance
   1) feels like help to vulnerable needy people who feel no one cares

X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

May 24, 1979

PROSTITUTION: THE PROS AND THE CONNED

KEYNOTE SPEAKER:

Rosalie Sundin
Project New Bridge
2200 Emerson Avenue South
Minneapolis, Minnesota 55405

THE LINK

A Newsletter for Youth Services

SPECIAL ISSUE: August 1978 ENABLERS, INC.

Report on Juvenile Prostitution Released

The Minnesota Task Force on Juvenile Prostitution has released its findings and recommendations about laws, policies, and programs that could be instituted to help juvenile women who are, or could be, involved in prostitution.

The Task Force's report is based on research done by the juvenile prostitution research project of Enablers, Inc. Since July of 1977 the researchers have collected information about juvenile prostitution. They interviewed prostitutes, surveyed police records, gathered data from probation and welfare officers, studied treatment programs, and searched for existing documentation.

Half of the research was funded by a grant from LEAA, half from private foundations (the Dayton-Hudson, Minneapolis, St. Paul, and Otto Bremer Foundations).

The 80 interviews the researchers conducted with prostitutes are central to the study. They addressed female juvenile prostitution only. 75 of the 80 women had begun prostituting before they were 19; sixty were under 19 at the time of the interview. Each interview lasted about 3 hours and consisted of standardized questions about the woman's history and attitudes--toward herself, her family, sex, pimps, travel, schools, police, service agencies, money, health, and drugs.

The women were referred to the researchers by social service agencies or by other women who had been interviewed. They were allowed discretion over the time and place of the interview and were paid a token fee for their help. The interviews were conducted without the researchers knowing the women's names. This process promoted cooperation.

The results of the study should be taken only as a descriptive portrait of these women; the total population of juvenile prostitutes may not be represented. Significantly, most facts in this report are based on the perceptions of the women themselves, not on someone else's perceptions of them or of their situations.

The Minnesota Task Force on Juvenile Prostitution was formed to advise the researchers and to process the information. They included human service representatives, concerned citizens, and legal, political and justice officials. They met periodically throughout the study and in July were presented with the final statistical data. From that information they have made their findings and recommendations.

In October, Enablers will release a final technical report detailing the research methods and offering further explanations and findings.

Unless otherwise noted all statistics refer only to the women 19 and under.

AGE

At the time of the interview, the 80 women ranged in age as the following chart shows.

No.														
16				X										
14				XX										
12			XX	XX										
10		X	XX	XX	XX									
8		XX	XX	XX	XX	XX								
6	XX	XX	XX	XX	XX	XX		X						
4	XX	XX	XX	XX	XX	XX	XX	XX			X			
2	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	X	X	XX
yrs.	14	15	16	17	18	19	20	21	22	23	25	27	28	34

When they began prostitution activity, the 80 women ranged in age as the following chart shows.

No.											
18			XX								
16			XX	XX							
14		X	XX	XX							
12		XX	XX	XX							
10		XX	XX	XX	XX						
8		XX	XX	XX	XX		XX				
6	X	XX	XX	XX	XX	X	XX				
4	XX	XX	XX	XX	XX	XX	XX				
2	XX	XX	XX	XX	XX	XX	XX	XX	X	X	X
yrs.	12	13	14	15	16	17	18	20	24	25	26

RACE

The race of the 60 women 19 and under is as follows:

No.	%	Race
46	79.3	Caucasion
7	12.1	Black
2	3.4	Native American
2	3.4	Chicano
3	5.1	Other/Unknown

PRESENT INVOLVEMENT

At the time of the interview, 22% of the women 19 and under stated that they were presently prostituting, 47% stated that they were not, 31% stated that they were not presently, but would return, or gave answers that were ambiguous.

INITIAL INVOLVEMENT

When asked whether they were forced into prostitution, initiated their own involvement, or cooperated, fewer than 5% indicated that they were not forced. Thirty-five percent stated that they initiated their own involvement and 48% said they cooperated.

Sixty-five percent said they were "on run" when or just before they were turned out. Thirty-five percent said they were not "on run."

When asked who turned them out, 32% explicitly stated "a pimp," 30% mentioned "a man" in general, and 22% mentioned a woman. About 1/2 of the women interviewed mentioned survival needs and the material rewards as a reason for turning out. Forty-six percent said they were sweet talked into it by their pimp or did it to maintain the emotional relationship with their pimp. Three women said they were threatened physically by the pimp. Forty-seven percent said that money was one of the things that had attracted them to the life; 35% said that material things such as clothes and cars attracted them; 32% said that they were attracted by the glamour and excitement, and 15% said the pimp was a factor attracting them to the life. Drugs were mentioned by only 7% of the women as a factor attracting them to the life.

PIMP

In the 52 pimp-prostitute relationships described, the initial contact with the pimp occurred as follows:

- In at least 25% of the relationships the initial contact was through a friend or relative.

- In at least 32%, the pimp initiated contact.

- The woman initiated contact in about 5% of the relationships.

- Because respondents were not specifically asked who initiated contact, we were unable to determine this for about 35% of the relationships.

- There is little difference in this pattern for respondents aged 17 and under as compared to respondents aged 18 and 19.

In 69% of all the pimp relationships described by women 19 and under, the pimp expected the woman to turn over all the money to him.

In 56% of the pimp relationships described by women 19 and under, the pimp expected her to bring in a certain amount of money each day.

In 60% of the pimp relationships described by respondents 19 and under, the woman had been beaten up by her pimp.

In 76% of the relationships, the respondent said the beating by the pimp occurred one or two times; in 17% of the relationships (13 relationships) the abuse occurred regularly.

Of the pimp-prostitute relationships described by women aged 19 and under, 62% lasted 3 months or less; 90% of the relationships lasted less than 1 year; 10% of the relationships lasted one year or longer. Of the pimp-prostitute relationships described by respondents 20 years and older, 63% lasted 1 year or longer, 38% lasted less than one year, and 19% lasted less than 3 months.

TRICKS

When asked "What kind of people are tricks?" the responses were so diverse and all-encompassing that no major descriptions stood out. This suggests that customers can be anyone and come from everywhere.

When asked that they think of their tricks, half of the responses fell into the categories of "don't like them, sick, weird," "fools, suckers," and "repulsive, hate them, pigs." One fourth of the remaining responses were mixed, e.g., "liked some, but not others," or "liked regulars."

Fifty to fifty-five percent responded that they had been abused or beaten by a customer at least once; 45% said they had not been abused or beaten by a customer. Of those who had been abused (n=45), 40% said it had happened once, 25% said a couple times, and 28% said three times or more.

TRAVEL

Traveling out-of-state or throughout the state was common; 80% of the respondents reported knowing other women who travel for business.

When the women were asked, "Where have you traveled for work?" 24 states were mentioned. The five midwest states accounted for almost 40% of the states listed. Illinois and Nebraska accounted for 10% each. Almost 35% of the total 80 women indicated they had never traveled; 31% of the respondents 19 and under had not traveled out of state for work. Then of the 44 women age 17 and under said they had traveled to New York City.

Most women traveled with other women or with their pimp and other women. Traveling alone or just with a pimp was not very common.

Forty-two percent of the out-of-town trips taken by respondents 19 or younger lasted 1 week or less; 67% of the trips lasted 1 month or less.

In 50% of the trips to other states, the respondent reported returning because the vacation or business trip was over, because she had stayed as long as planned, or because she missed family and friends. In most cases there seemed to be no intention to leave permanently.

EFFECTS OF LIFE

Most women mentioned some general positive changes from being in the life, for example, more experience and maturity. Of those 19 or younger, 12% stated that there were not positive changes.

Of the respondents age 19 and under, 78% stated that they thought prostitution was not a good lifestyle.

The most frequently mentioned negative changes as a result of being in the life were as follows:

- Negatively affected relationships with family or friends (21% of all negative responses).

- Lack of self worth (19%).

- Loss of other people's respect (19%).

- Feeling ashamed or guilty (21%).

- Mistrusting or being afraid of men (18%).

Of the respondents age 19 and under, 37% stated that they did not feel trapped in the life; 58% stated that they did feel trapped.

When asked what problems she would or did face when giving up hustling, the most frequently mentioned response was "lack of money" (29% of respondents age 19 and younger). The next most frequent response was "getting away from pimp/threats from pimp" (25% of respondents). "Facing or giving up friends still in the life" accounted for 20% of the responses.

FAMILY

The majority (73%) of those interviewed grew up in the metro area. Of those women (n=56) from the metro area, 21% (12) were from suburbs of Minneapolis or St. Paul. Of the total group, 9% were from out-state and 8% were from other states.

Those interviewed indicated a general and diverse cross section of employment and education of their parents.

Half were living at home when they started prostitution. Of those not living at home, 15% were in residential facilities. Most of the others indicated staying with friends or relatives, but few were on their own.

Of the women age 19 or younger at the time of the interview, all but one left home by the time she was 16; 90% at or before age 15; 80% at or before age 14. When they left, half indicated that they stayed with a friend, 1/4 said with a relative, and 10% said with a stranger.

Their natural or adoptive parents were not together at the time of the interview, according to 2/3 of the women. Of those with disrupted families, 1/2 indicated that they presently have a mother only and almost 1/3 have a step-father and mother. Of those whose parents split, 1/2 indicated that separation occurred when they were 5 years or younger, 2/3 at age 10 or younger.

About 60% indicated that at least one family member had been in trouble with the law. A full range of offenses was given. (Minor

offenses such as traffic violations were not included.) Over 1/4 mentioned absenting and about 20% mentioned drugs or prostitution.

Most indicated they are presently in contact with their families once a week or more often.

When asked if their families had knowledge of their prostitution activities, 70% indicated at least one member knew and about 12% said no one knew.

PHYSICAL AND SEXUAL ABUSE

Two-thirds of the women indicated that they had been beaten by a family member. Of these about 30% said the beating was done by a mother or stepmother, 35% by a father or stepfather, and 30% by a brother or sister.

Almost 1/2 of the women who had been beaten said that the beatings started between age 10 and 14. About 40% began before age 10.

About 20% stated that the beating occurred once or a couple times. One-fourth said it continued until they left home and about 20% said the beatings lasted 3 years or longer.

About 1/3 stated that they had been sexually abused by a family member (n=33). Of the abuses explained about 1/4 were said to have involved intercourse.

When asked which family member was involved, 1/3 mentioned a father, 1/3 a stepfather, and 1/4 a brother. About 1/3 of the 22 responding indicated repeated abuse.

Half of the sexual abuse started or occurred at age 10 or before and 3/4 started or occurred at or before age 12.

Sixty-five percent indicated that they had been raped at least once. Of those who had been raped, 1/2 indicated it had happened twice or more.

HEALTH

When asked if they worry about their health, almost 83% said yes. The most prevalent concern was worry about pregnancy, miscarriage, and inability to have children. (Nearly 60% stated they worried about this.) Over half worried about general diseases (e.g., cancer, diabetes, and heart disease), and 40% said they worried about V.D. infections.

Half indicated that they had had V.D. and all said they received medical care for it.

About 3/4 of the women rely on condoms for V.D. protection at least some of the time; many listed ineffective methods.

Twenty-five percent indicated they take no precautions against pregnancy; 10% indicated occasional or selective use of birth control.

Of the juveniles (17 and under), 1/2 indicated that they had been pregnant at least once.

Of those responding, 65% got medical attention at least every 2 to 3 months. Almost half indicated that they visited a doctor monthly. Seventeen percent said they do not go to a doctor while working.

Approximately 3/4 indicated that they use clinics rather than private doctors; 58% indicated that they do not pay for those services. One-third of the women said that their pimps gave them financial support for health care.

DRUGS

Thirty-seven percent indicated that they are or have been chemically dependent. Of those who considered themselves to have been chemically dependent, 38% said they were dependent on alcohol, 21% on marijuana, and 20% on more than two drugs simultaneously. Heroin addiction was indicated by only one of the women 19 or younger. Amphetamines, barbituates, and cocaine each represented fewer than 5% of the responses.

When asked about the situations in which they used drugs, 25% said they used drugs "all the time." Thirty-three percent said they used drugs socially, 27% while they were working, and 22% in stress situations. Only 9% of the women 19 and under said they do not use drugs.

SCHOOL

About 1/3 mentioned that they liked some aspect of school. Most comments were negative and diverse, ranging from "it was boring" to "I couldn't keep up." The most prevelant comments were encompassed by "I hated it," which was indicated by almost 1/2 of the women.

POLICE

Sixty-five percent had been picked up by the police before entering prostitution. Seventy-three percent had been picked up for absenting; 37% had been picked up for shoplifting.

After starting prostitution: 58% said they had been picked up for prostitution; 15% said they had been picked up for loitering with intent; 15% said they were picked up for shoplifting; 56% said they were picked up for absenting. Of the various other charges mentioned, none was given by more than 10% of the respondents.

When asked what illegal activities they personally became involved in after beginning prostituting, the following were mentioned most frequently:

	% of respondents
drug use	5%
theft	10%
forgery	15%
drug dealing	26%
shoplifting	33%

JUVENILE COURT

Before they started prostituting, 75% of the juveniles had been to juvenile court.

Before beginning prostitution, 1/2 were in out-of-home placements. The number of placements ranged from 1 to 8 with a median of 3. About 1/2 of the placements were made by social workers, probation officers, or welfare workers. The courts made an additional 12% of the placements.

SOCIAL SERVICES

Of those interviewed, 80% had contact with social service agencies before they started prostitution. Half of those mentioned contacts with welfare workers, probation officers, or social workers. Twenty percent had contact with family counselors, 30% with a school counselor, and 19% with an individual or psychiatric counselor.

SELF

When asked, "Who is the most important person in your life right now?" 30% of the respondents said, "Myself," 23% said, "My man or boyfriend," and 18% said, "Mother."

When asked, "What do you feel you do well?" about 1/3 of the respondents named interpersonal relations and 1/3 cultural activities.

FINDINGS - GENERAL CONCLUSIONS

NUMBER OF JUVENILES INVOLVED

We estimate that between 150 and 250 juveniles are working as prostitutes at any given time in the Minneapolis/St. Paul metropolitan area.

This is based on the combination of these findings:

- Eighty to 100 women were contacted through this study.
- On juvenile caseloads 140 women were counted as being involved in prostitution.
- An additional 200 women were identified as being suspected of involvement on those same caseloads.
- Each woman interviewed mentioned an average of 4 or 5 other juveniles that she knew were prostituting.

DIRECT SERVICE AGENCY CONTACT

Many of the juvenile women interviewed had contact with direct service agencies, police, juvenile court, and welfare, before they became involved in prostitution as well as after becoming involved.

WORKING PLACE

The juveniles interviewed indicated that they work as prostitutes on the streets most often, but that they also do manage to work in saunas, bars, hotels, and as dancers through places that legally should not be supporting them. We do not know if this occurs through the persistence of the women or through the knowing cooperation of the proprietors.

PIMP RELATIONSHIP

We know that of those juveniles who do have pimps:

- As many indicated they were introduced to the pimp through a friend as being contacted by a pimp.

- The relationship was usually short term, with 1/2 lasting 3 months or less.

- The pimp controlled most of the money but the women withheld occasionally.

- Pimps were seen as being protective, as managers and suppliers of gifts. The women saw themselves as supplying money and emotional support.

Then asked to describe pimps in general, the women interviewed seemed fairly objective and listed these traits:

- They have women working for them.

- They are out for money and receive all the money.

- They are dependent on women for money.

- They beat their women.

When asked to describe their present pimps, they mentioned more positive traits such as "he provides protection, management, gifts." It appears they are unrealistic and do not realize that what they expect and what they receive from their pimps are not very similar.

ORGANIZATION

The women interviewed do not seem to be involved in a regionally or nationally organized system of prostitution. Pimp relationships are short and seem volatile; there is little indication of forced travel; some women indicated operating alone on occasion; and there is little indication of overall control.

PIPELINE

The women interviewed in this study did not indicate involvement in what has often been called a "pipeline" system of transportation.

Much of the travel indicated was in the Midwest. Force was mentioned rarely, and the decision to travel was often explained as a mutual decision to go on a trip either for the purpose of working or for a vacation that involved working. The women indicated that they usually went in groups including other prostitutes and returned in a few weeks to a month.

GETTING OUT

Most of the women interviewed want to get out of prostitution, either now or within a limited time.

RECOMMENDATIONS BY THE TASK FORCE - PROGRAMMING

HEALTH AGENCIES

This study shows that these women have many medical problems, including venereal diseases, alcohol and drug dependency, physical abuse, pregnancy, rape, and mental health problems. Most of the women said they receive regular medical care. The largest number use public clinics, but some use private medical care.

Since this group of young people has continued contact with health agencies and medical personnel, we believe that health care personnel could make a significant impact on their overall well-being.

We recommend that medical facilities used by adolescent females actively promote increased awareness of the health needs of juvenile prostitutes and incorporate service delivery techniques that respond to their needs. Medical organizations and associations should take responsibility for informing and training their members in adolescent sexuality issues generally and in problems related to prostitution specifically.

We recommend active participation by teen and community clinics in identifying juvenile prostitutes and in addressing their health care problems. Improved interview and intake procedures could help identify these young women.

We recommend that medical personnel be made aware of available resources for juvenile prostitutes and actively refer individuals to them.

POLICE

Current police enforcement techniques do not appear to have a deterrent effect on juvenile prostitution.

We recommend that the following practices be employed to decrease the incidence of juvenile prostitution and to provide more constructive assistance to these women.

- Police should clearly document and record both known and suspected cases of juvenile prostitution.

- Police should report both known and suspected cases to the Child Protection Service of the Department of Welfare, as required by the Child Abuse Reporting Law.

- Police should increase enforcement of laws that deny employment of juveniles in bars, saunas and similar establishments.

- Police should stringently enforce laws dealing with fraudulent use of false identification.

- Police personnel should be trained in the common backgrounds and problems of juveniles involved in prostitution.

- Police personnel should be trained about community resources that are available to assist these youth, and they should encourage cooperation in referring to those agencies.

- Police should provide routine follow-up of each referral to insure that it resulted in some action.

JUVENILE COURT

Juvenile Court appears to have little effect on juvenile prostitution. Most of the women interviewed had been to juvenile court, and their reactions generally indicated little concern for the consequences and almost no respect for the process.

We recommend that juvenile court deal with prostitution directly, not through indirect, camouflaging charges. We question the court's use of criminal charges to intervene when prostitution is suspected but cannot be proven. In such cases we recommend that juvenile prostitutes be dealt with on a dependency petition and not labeled as delinquent.

LOCAL GOVERNMENT

We recognize the need for one agency to coordinate programming for juvenile prostitutes, to function as an information clearinghouse, and to assume responsibility for following through with these recommendations. The Metro Council is the most appropriate regional planning body with no conflicting interests in this issue.

We recommend that the Metro Council, being the most appropriate regional planning body, dedicate one staff person to perform this function on a short term basis. We offer our services and resources in an advisory capacity to facilitate this function.

RECOMMENDATIONS - POLICY

SOCIAL SERVICES

Of the women interviewed, 75% had had contact with the social service system before they began prostituting. Although they indicated a positive feeling about people in human services, they did not identify them as people they would talk with about the rape or physical and sexual abuse they had experienced.

We recommend that a coordinated effort be made to increase the skills of existing youth services in dealing openly with the sexual experiences of young females. Training should emphasize ability to discuss sexual issues, to identify individuals who might be having these problems, to offer sound health information, and to refer the women to other resources when necessary.

Many of the women interviewed were living away from home, many had had unsuccessful experiences in group homes or residential treatment programs, and many indicated strong dependency needs as well as strong desires for the support of friends.

We recommend that a pilot residential program be developed specifically for juvenile women involved in prostitution. Careful study of the results of this research should be part of the program planning process.

We recommend that the findings of this study be used to improve the services offered by social service agencies. Those agencies should be encouraged to use this information in reviewing their effectiveness in serving adolescent females.

SCHOOLS

On the basis of this study we found that school was not a positive experience and did not play an important role in the lives of most juvenile prostitutes. Yet schools have the most intense and continuing contact with these youth, especially before they become involved in prostitution.

Many of the women interviewed had experienced rape and physical or sexual abuse at an early age, and many demonstrated a lack of knowledge about V.D. protection, birth control, and health issues.

We recommend that both negative and positive human sexuality issues be addressed in the educational systems beginning with kindergarten and running through senior high.

We also recommend that the schools begin taking an active role in identifying individuals who are experiencing problems and in offering assistance or referral to agencies that can respond to these special needs. They should also designate professionally trained staff to follow up on those referrals and to encourage family involvement. Individual needs for confidentiality should be respected, and care should be taken not to label the students in a way that increases their difficulties.

PUBLIC INFORMATION

In several cases the information collected by this study differs from public perceptions about juvenile prostitution. The women involved also indicated that their images of prostitution before they entered the life were very different than after they became personally involved.

We recommend, therefore, that a public information campaign be initiated. It should identify discrepancies between the glamour image portrayed about the life and the reality, educate young people about physical and sexual abuse, educate the public about juveniles in prostitution, and publicize information about available resources. The campaign should include all media, especially those that reach young people and their parents.

RECOMMENDATIONS - LEGISLATION

DECRIMINALIZATION

Most of the women interviewed began prostitution between the ages of 13 to 15. They were often physically and sexually abused by pimps and customers. They turned over all or most of their earnings to pimps, thinking they had no other options. They felt they deserved mistreatment or abuse from their pimps. They often were physically and sexually abused at home; many left home at an early age.

Because of this information, we believe that juvenile prostitution is not a victimless crime - the girls themselves are the victims.

Therefore, we cannot support decruminalization of adult prostitution that fails to address the resulting definition of juvenile

prostitutes as status offenders. If the courts abolish status offenses, the state, police and courts would have little ability to offer protection for these minors. Any legislation focused on adult prostitution must provide viable options for maintaining the protection of these juvenile victims.

PIMPS

Young girls between 13 and 15 are most often turned out by pimps. They give all their money or a quota of it to pimps. They receive little physical protection from their pimps during customer disagreements. Most had been beaten once or twice by their pimps, yet they indicated psychological dependence on the pimps.

We recommend support of legislation that would increase the effectiveness of present statutes for pimp prosecution, especially for pimps of juvenile prostitutes.

PROGRAMS

Most juvenile prostitutes are concerned for their physical safety. They have recurring health needs, both generally and in relation to their prostitution. They experience physical and sexual abuse, are psychologically dependent on their pimps, and use some chemicals.

They feel trapped, do not feel that prostitution is a good lifestyle, and dislike turning tricks. They left home at an early age and have lived in many group homes, residential treatments centers or other out-of-home placements, but few have had any impact on them. Their stay is usually short, and their involvement in prostitution unaffected.

We conclude that these women could best be assisted by programming designed for their special needs. We recommend that the legislature provide money for pilot program options for juvenile prostitutes.

CUSTOMERS

Customers of juvenile prostitutes are often sources of physical and sexual abuse and are themselves subject to physical harm and health problems.

We recommend legislation that facilitates prosecution of customers of prostitutes, and we support increased penalties for customers of juvenile prostitutes.

X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

PROSTITUTION - THE PROS AND THE CONNED

May 24, 1979

THREE MODELS

I. Metro Youth Service Bureau, Minneapolis, Minnesota
(Street Work)

WHAT DO WE KNOW?

We know that:

- Rehabilitation means getting out and working on the streets. It doesn't happen behind a desk.

- Opportunity is the only thing that separates sexually acting out girls and juvenile prostitutes.

- Some parents believe and hope that their child's prostitution stems from drug addiction. (Juvenile prostitutes are not usually drug addicts. Pimps want their girls dependent on them, not on drugs. Also, it is an added expense).

- Prostitution is not a form of promiscuity. Those in the business see it as a business in which the body is an economic asset and/or a survival tool.

- Girls take pride in their jobs as prostitutes - to be "the best prostitute on the block." Pimps feel the same way. Some girls will make the fellows they love into pimps.

- There is little difference in the profile of a juvenile prostitute than for other troubled juveniles. This profile includes: low self-esteem, taking drugs, running away, school and family problems. The risk of juvenile prostitution increases when the girl is also overweight and unattractive.

- Girls who become prostitutes are very marriage and family oriented. When they first become involved with a pimp, they are convinced he will marry her.

- Truancy is one of the first indications of possible prostitution. School personnel are generally unaware that girls are being "fingered" for prostitution in the school.

- Juveniles are sometimes recruited by other girls of the pimp.

- Although there are variations and differences, generally juvenile prostitution follows this pattern: Around age 13 a prospect will meet the pimp at a hangout downtown. He dates her, takes her to parties and restaurants, gives her presents. He talks love to her and understands her. Often the pimp is black and the girl is white which contributes to family tension. Her first sexual experience is with him. Truancy starts; contacts at school are dropped. If the pimp has a madame, the girl will become good friends with her. The girl runs away to the pimp who promises marriage. She is introduced to a new life-style in which she is totally dependent on the pimp. At that point he introduces her to prostitution to pay for a temporary "crisis" such as a car payment or for the doctor for his mother.

- White juvenile prostitutes often come from racist families. The alliance with a black pimp may be an act of rebellion against attitudes the child has learned are wrong through her contacts at school.

- Black juvenile prostitutes go into the business for survival, usually without pimps.

- All juvenile prostitutes have not left school. Some do not have pimps, are still in school and engage in prostitution as a means of making money and having a good time.

- Eliminating pimps does not eliminate prostitution.

WHAT CAN WE DO?

We can

- Get to know the pimps in the area, their style and the way they talk.

- Recognize the patterns that lead to prostitution. Be prepared to jump at the moment of crisis in the girl's life - generally when she realizes that the pimp is not going to marry her and she realizes what the life is all about. Or when the pimp beats her.

- Focus on the juvenile prostitute rather than the pimp. Putting down the pimp will cause the girl to reject any help. Let her discover what will eventually happen in the relationship. Let her assess her life realistically.

- By focusing on the juvenile, workers can sometimes negotiate with the pimps to release the girls in exchange for not arresting the pimp.

- Educate parents to accept their children again after breaking away from prostitution. Help parents and children to work out problems through contacts. Help parents form support groups.

- Involve girls with peer groups which will enable them to feel comfortable with their own age group, even though emotionally they will never be teens again.

- Work in junior high schools and talk about prostitution. Let kids know what happens in this life.

- Cooperate, share information with and educate yourself with all groups in the community involved in young people - social agencies, the police, school personnel and parents.

- Mutual cooperation with the police will often result in receiving both credibility and funding from governments.

SOME UNRESOLVED ISSUES:

- Some communities do not realize they have a juvenile prostitution problem. Only when white juveniles of the middle and upper class are found to be juveniles, does the community move to provide resources and programs.

- Racism pervades the issue of juvenile prostitution. Many still believe that juvenile prostitution is a norm within the black culture.

- There is some disagreement whether a "normal" girl can become a prostitute. Some believe that all juvenile prostitutes must conform to some degree to the profile of the typical troubled youngster. Others believe that society gives an excuse for kids by providing, through television, unreasonable expectation of what parents should be like. These kids then use even minor difficulties at home as an excuse to run away or become prostitutes. Still others believe in the "Patty Hearst syndrome" - the pimp is another person who constantly fills the juvenile's needs.

- The police and social agencies have conflicting beliefs about what to do with pimps and johns - locking up pimps and johns will chase the problem underground and prohibit help from reaching the juvenile; prostitution will decline if both pimps and johns are arrested; laws providing stiff penalties would apply only to prostitution involving minors.

II. Project New Bridge, Minneapolis, Minnesota
(Community Contacts)

WHAT DO WE KNOW?

We know that:

- Negative labels given to youth don't help because they only contribute further to their already low sense of self-esteem.
- Negative attitudes by the police prevent them from working effectively with juvenile prostitutes.
- Police tend to have more clout in dealing with city administrations.
- There are many crossovers in services to youth but not enough linkages to be effective.
- The most consistent contacts youth had were with the school system. Although they were in school frequently and were not behavior problems, they had a poor adjustment to school and eventually dropped out.
- Juvenile prostitutes fear for their physical safety.
- Former prostitutes find it difficult to take low paying jobs, which are usually the only ones available to them. They are used to handling large amounts of money even though most of it goes to their pimps.
- Group work is not an effective method for working with juvenile prostitutes.
- Former prostitutes work well with kids on the street because they are non-threatening.
- Female juvenile prostitutes often want to serve other people.
- Male juvenile prostitutes operate differently than females. They work freelance with no pimps and often form more positive relationships with their customers.

WHAT CAN WE DO?

We can:

- Provide training for the police and other community groups to find out why juveniles go into prostitution.
- Get police officers involved in youth services. Share information with them. Sometimes working with a policewoman will provide for easier cooperation.
- Design programs dealing with victimization- who the victims are, who the perpetrators are and why this occurs.
- Provide assertiveness training. Help youths learn how to say yes and no effectively.
- Teach the skills of street survival.
- Inform youngsters about the resources that are available.
- Be honest with juvenile prostitutes. Let them know how we feel about them and their situation.
- Provide family counseling when desired; provide parenting training; help parents let their children know they are loved in spite of their behavior.
- Use the arrest of a juvenile prostitute as a means of getting the juvenile into treatment. An arrest usually puts the child into crisis.
- Pass more stringent legislation regarding "legitimate" pimps such as massage parlor owners, sauna owners, singles bar owners, etc.
- Pass legislation which recognizes that prostitution takes place in places other than a bordello.
- Charge those involved in juvenile prostitution with a felony under the child abuse laws.
- Provide a nationawide network of effective services for juvenile prostitutes, particularly shelters and crisis services.

- Use community resources:

  as advocates to mediate between youth and the police

  as educators for alternative education

  to introduce youth to other kinds of recreation such as theaters, art shows and field trips

  to develop work experience programs

  to offer transportation to hospitals and shelters and offer training to groups providing those services

- Provide after-care programs.

- Use former prostitutes to work with juvenile prostitutes and to inform the police and community agencies about what is going on in the streets.

- Provide young people the opportunity to serve other people, to learn how to be good parents, to work with small children and to counsel their peers. These activities will redirect their energies and provide positive learning experiences.

SOME UNRESOLVED ISSUES:

- Police officers are not deterring youth from prostitution when they arrest juveniles as runaways, truants, etc.

- There should be stricter enforcement of keeping juveniles out of massage parlors, saunas, etc.

- Juvenile prostitutes are treated as delinquents rather than the dependent victims they are.

- Workers in social agencies have problems in the area of their own sexuality, making it more difficult for them to help sexually troubled youngsters.

- There is widespread disagreement about the decriminalization of prostitution.

III. Huckleberry House, San Francisco, California
(Residential Setting)

WHAT DO WE KNOW?

We know that:

- Staff should know and understand their own feeling, values and attitudes regarding sexuality.

- Clients may be ignorant about or uncomfortable with the topic of sexuality.

- We know that the initial interview should be mutually participative between the worker and the client. The client then signs the contract outlining his/her responsibilities in full knowledge.

- Not all youths want to be involved in the program of the house. We can allow them enough room to return later if the need arises.

- Most parents are willing to have their children participate in the program. When parents are not willing, children can be helped by involving criminal justice authorities.

- Rehabilitation requires intensive counseling with the juvenile, the family and the group. Access to community resources is also important.

- Clients begin their own rehabilitation in the program by choosing their team of counselors, by abiding by the rules (no drugs, sex or weapons) and by accepting the consequences of their behavior which may mean being asked to leave if they break the rules.

- Well trained, well paid staff in a program which provides for long vacations and periodic promotions produces staff and program stability with little turnover.

- Be advocates for youth with the legal system and with other social agencies.

- White juvenile prostitutes come from middle class families, are unattractive and often slightly overweight. They come to the shelter when they run out of crash pads or get into trouble.

- Latino juvenile prostitutes often come from split families and are abused by their step fathers. They seek shelter after they have been beaten by their pimps.

- Black juvenile prostitutes often come from single parent families or have lived with grandmothers who are very strict and label them whores when they act out sexually. Their families stay involved with them in spite of their prostitution.

- Male prostitutes usually prostitute themselves with other men.

- Sexual minorities - transsexuals, transvestites, situational gays, homosexuals and lesbians, and bisexuals - also seek help at shelters.

WHAT CAN WE DO?

We can:

- Provide for staff development at all levels and for all services that work with youth. This training should include coming to terms with sexuality issues and special problems such as prostitution and homosexuality.

- Build into a group living situation an ongoing sexuality component where opportunities are given to discuss problems and share information.

- Have a mix of kids in group living situations - male and female, white and ethnic minorities and sexual minorities. Create an acceptance of this mix. Develop a staff that reflects this same cultural mix.

- Cooperate and work with many community services, share our experiences and expertise about these problems, and support one another when the need arises.

SOME UNRESOLVED ISSUES:

- Residential settings in Connecticut would have difficulties in accepting prostitutes and sexual minorities.

- Few of the staff in Connecticut residential settings have had training in dealing with prostitutes and sexual minorities.

- Some regard the current 16 age limit for delinquency as unfair as it places these children with adult offenders.

- The staffs of community services are lacking in the skills that would help them talk about sexual behavior with kids.

PROSTITUTION - THE PROS AND THE CONNED

RESOURCES

Workshop Leaders

Sparky Harlan, Director
Huckleberry House
1430 Masonic Avenue
San Francisco, California 94117

Rosalie Sundin
Project New Bridge
2200 Emerson Avenue South
Minneapolis, Minnesota 55403

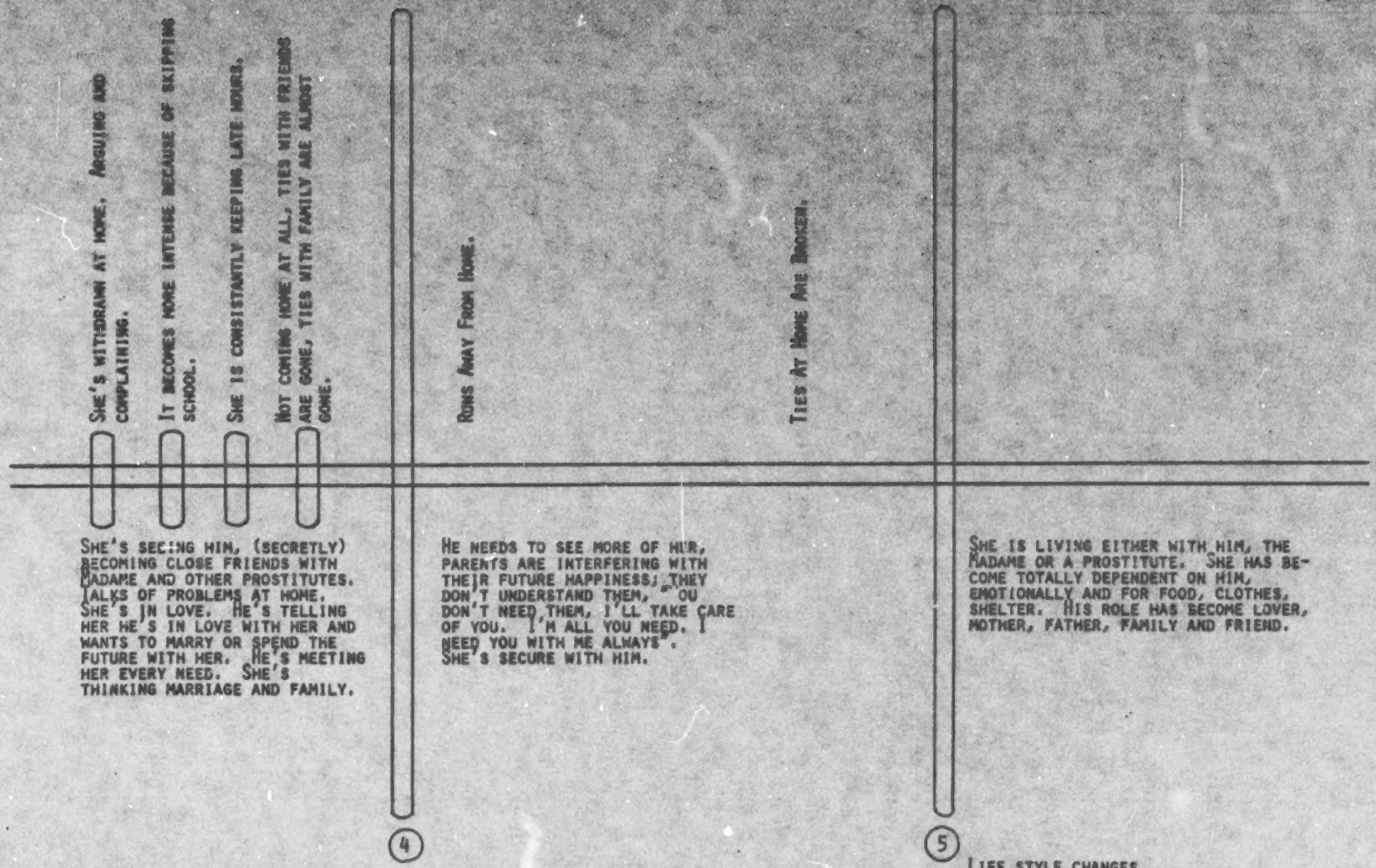
Jacquelyn Thompson, Youth Counsellor
2045 Orange Street
St. Paul, Minnesota 55119

Kimaka White, Youth Counsellor
1223 Hague Avenue
St. Paul, Minnesota 55104

OTHER RESOURCES

A fine research report, "Juvenile Prostitution in Minnesota" is available at $5.00 per copy by contacting:

ENABLERS
Wright Building #320
2233 University Avenue
St. Paul, MN 55114


SHE'S WITHDRAWN AT HOME, ARGUING AND COMPLAINING.
IT BECOMES MORE INTENSE BECAUSE OF SKIPPING SCHOOL.
SHE IS CONSISTANTLY KEEPING LATE HOURS.
NOT COMING HOME AT ALL, TIES WITH FRIENDS ARE GONE, TIES WITH FAMILY ARE ALMOST GONE.
RUNS AWAY FROM HOME.
TIES AT HOME ARE BROKEN.
SHE'S SEEING HIM, (SECRETLY) BECOMING CLOSE FRIENDS WITH MADAME AND OTHER PROSTITUTES. TALKS OF PROBLEMS AT HOME. SHE'S IN LOVE. HE'S TELLING HER HE'S IN LOVE WITH HER AND WANTS TO MARRY OR SPEND THE FUTURE WITH HER. HE'S MEETING HER EVERY NEED. SHE'S THINKING MARRIAGE AND FAMILY.
HE NEEDS TO SEE MORE OF HER, PARENTS ARE INTERFERING WITH THEIR FUTURE HAPPINESS; THEY DON'T UNDERSTAND THEM, YOU DON'T NEED THEM, I'LL TAKE CARE OF YOU. I'M ALL YOU NEED. I NEED YOU WITH ME ALWAYS. SHE'S SECURE WITH HIM.
SHE IS LIVING EITHER WITH HIM, THE MADAME OR A PROSTITUTE. SHE HAS BECOME TOTALLY DEPENDENT ON HIM, EMOTIONALLY AND FOR FOOD, CLOTHES, SHELTER. HIS ROLE HAS BECOME LOVER, MOTHER, FATHER, FAMILY AND FRIEND.
4
5
LIFE STYLE CHANGES
NOT GOING TO PARTIES. HE'S BUYING HER EXPENSIVE CLOTHERS. SHE'S DRIVING HIS CAR.

88

89

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91

RUNS AWAY FROM HOME.

HE NEEDS TO SEE MORE OF HER, PARENTS ARE INTERFERING WITH THEIR FUTURE HAPPINESS; THEY DON'T UNDERSTAND THEM, "OU DON'T NEED THEM, I'LL TAKE CARE OF YOU. I'M ALL YOU NEED. I NEED YOU WITH ME ALWAYS". SHE'S SECURE WITH HIM.

(4)

TIES AT HOME ARE BROKEN.

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92

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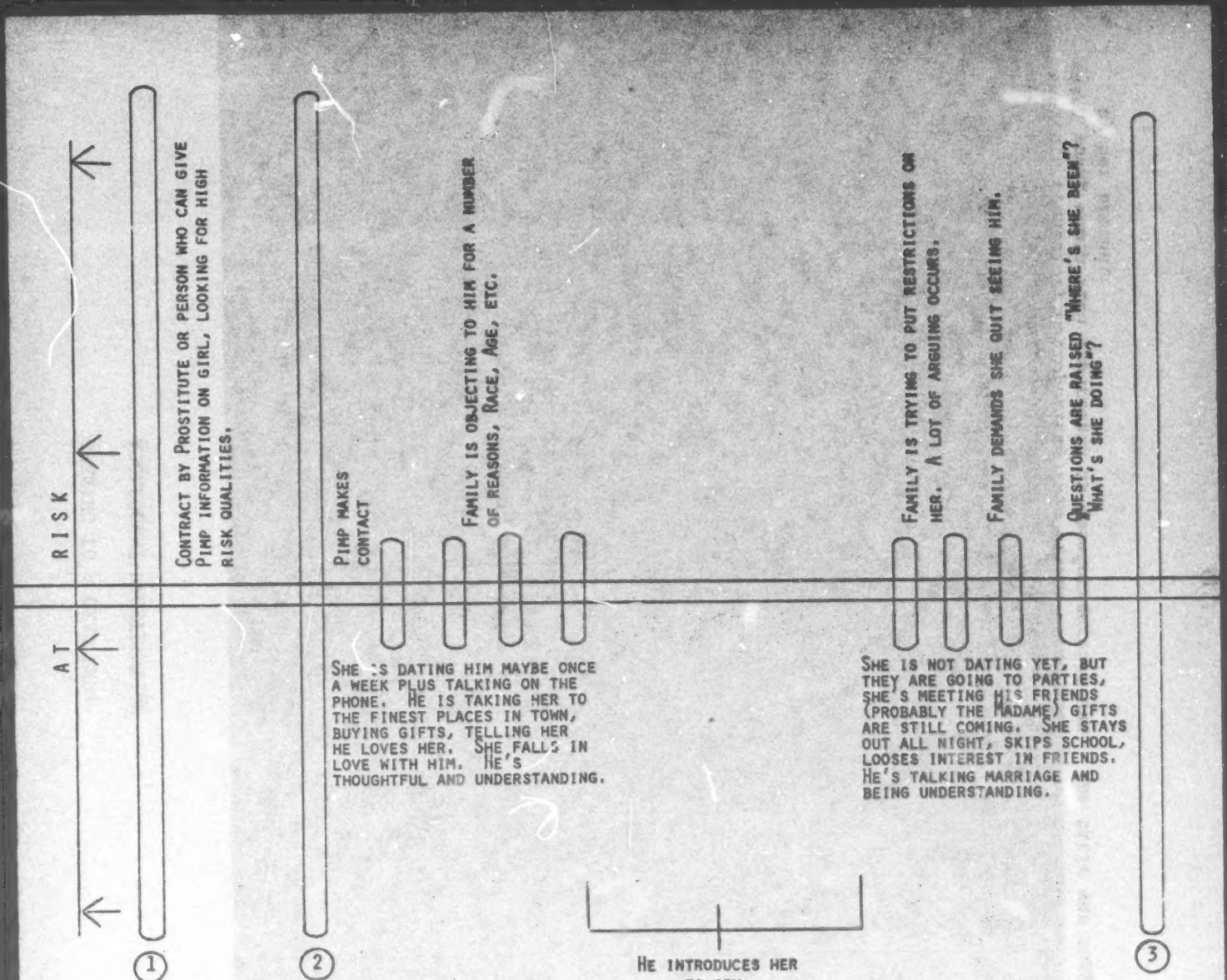
-74-

4

5

LIFE STYLE CHANGES
NOT GOING TO PARTIES. HE'S BUYING HER EXPENSIVE CLOTHERS. SHE'S DRIVING HIS CAR.


RISK
AT
CONTRACT BY PROSTITUTE OR PERSON WHO CAN GIVE PIMP INFORMATION ON GIRL, LOOKING FOR HIGH RISK QUALITIES.
PIMP MAKES CONTACT
FAMILY IS OBJECTING TO HIM FOR A NUMBER OF REASONS, RACE, AGE, ETC.
FAMILY IS TRYING TO PUT RESTRICTIONS ON HER. A LOT OF ARGUING OCCURS.
FAMILY DEMANDS SHE QUIT SEEING HIM.
QUESTIONS ARE RAISED "WHERE'S SHE BEEN"? "WHAT'S SHE DOING"?
SHE IS DATING HIM MAYBE ONCE A WEEK PLUS TALKING ON THE PHONE. HE IS TAKING HER TO THE FINEST PLACES IN TOWN, BUYING GIFTS, TELLING HER HE LOVES HER. SHE FALLS IN LOVE WITH HIM. HE'S THOUGHTFUL AND UNDERSTANDING.
SHE IS NOT DATING YET, BUT THEY ARE GOING TO PARTIES, SHE'S MEETING HIS FRIENDS (PROBABLY THE MADAME) GIFTS ARE STILL COMING. SHE STAYS OUT ALL NIGHT, SKIPS SCHOOL, LOOSES INTEREST IN FRIENDS. HE'S TALKING MARRIAGE AND BEING UNDERSTANDING.
HE INTRODUCES HER TO SEX
1
2
3
THIS STEP DOESN'T ALWAYS HAVE TO HAPPEN
HERE, HE USES INFORMATION GIVEN TO HIM. HE TELLS HER HE'D LIKE TO SEE HER AGAIN. TELLS HER WHAT SHE WANTS TO HEAR
NEW LIFE STYLE DATING, GAINING TRUST, LOVE, INTRODUCES TO NEW FRIENDS, MADAME AND OTHER PROSTITUTES

OPENING TO A DEAD END:

ADOLESCENT PROSTITUTION

Michael Baizerman*
Jacquelyn Thompson**
Kimaka Stafford-White***
and A Old, Young Friend****

*Associate Professor, Center for Youth Development and Research and in Maternal and Child Health, School of Public Health, University of Minnesota
**Youth Counselor, Metropolitan Twin Cities Area, Minnesota
***Youth Counselor, Metropolitan Twin Cities Area, Minnesota
****A young woman with experience in fee-for-service sex. The title was suggested by her brother

INTRODUCTION

There is current public and professional concern and discussion about adolescent and youth prostitution. In several cities, there are media and scholarly reports about boys and girls and men involved in homosexual and heterosexual fee-for-service sex. National focus has been given to the phenomena of children and youth participation in pornography and this has been discussed as a form of abuse and neglect.

These concerns and discussions have occurred here in Minnesota. Here, we are aware of our dubious fame as the source of many young girls who are working as prostitutes in New York City, in Chicago and in California. We could not help but be aware of the "Minnesota Strip" in New York City after the media coverage given to the efforts of two local policemen to bring home some of these youth.

But there have been other, more substantive efforts too. Public hearings at the city and state levels have been held; groups have been formed by government and by youthworkers to study the situation and to recommend actions. Programs have been begun, studies have been done and legisilation has been introduced on the state level. Training sessions have been held for youthworkers in and outside the University of Minnesota, and public meetings have been used to present the issues to parents and to youth.

Taken together, these activities have contributed to the Twin Cities being a center of inquiry and action about adolescent prostitution. We have taken part in these actions in a variety of ways from direct street work with the youth and their pimps to field research of these youth and of youthworkers who have worked with them. We use this background to introduce here some of our observations and understandings of the current phenomena of adolescent fee-for-service sex. In every way, this article is an introduction to the phenomena and to our own findings.

A BRIEF HISTORY

Prostitution has been a fact of life in most of recorded history. Children and youth have been participants in the sellers of sex for almost as long. Prostitution has been a form of slavery and of child labor. Allowing for the fact that youth is a relatively new idea and, hence, a relatively new reality as a period of life (e.g., in the U.S. "Youth" became an idea only in the early 1900's). It is likely that people we now call youth were then called adults and were involved in some ways in what we now call prostitution.

Youth worked as prostitutes to earn money for their family. Some of this was regulated by law. For example, there was legislation in England setting the minimum age at 12 years old &until 1874), 13 years old (in 1875) and then 16 years old (1885).

Let us accept, then, that there has been youth involvement in prostitution in ancient and near history; and that there has been public concern and action about this in America several times during the last 75 years. This can be written in a technical public hearing language as the existence of an endemic level (or rate) long accepted in various communities. The public and commonsense question is whether there is more adolescent and youth prostitution now than in our recent past.

IS THERE MORE YOUTH PROSTITUTION NOW?

We don't know for sure, but we think that there is more now than in our recent past. Put in the same technical public health language, we reject the argument that what is occurring is merely the result of public consciousness about the endemic rate, that is, this long occurring is merely the result of public consciousness about the endemic rate, that is, the long occurring rate brought into the light of public awareness. Rather, there is an epidemic, in the technical sense, an increase in the endemic rate.

Our hunch is that there are more youth now involved in fee-for-service sex than in our recent past. Among the reasons for this is the increase in the number of these youth reflects in part the increase in the total number of youth in our population and hence the number of youth at risk; it reflects also increased public awareness, concern and discussion about adolescent prostitution as these in turn stimulate some youth to experiment with fee-for-service sex. Such attention often results too, in increased public pressure for police action which in turn results usually in increased arrests and prosecutions, and usually, "convictions". (Remember that these youth would be seen in a juvenile court and there are no "convictions" in these courts. These are hearings and depositions). Police action is then reported upon and a self-fulfilling cycle of report-action-report occurs. This is then interpreted as an increase in juvenile prostitution. This process may "inflate" the numbers, but we don't believe that it alone accounts for the total increase in numbers of arrests and in judgements about increased activity.

THE PHENOMENON OF ADOLESCENT FEMALE PROSTITUTION AS SEEN IN THE TWIN CITIES

Some Facts in General

We know that adolescent female prostitution is a racially and age-mixed phenominon in our area. Girls of all races are involved and their ages range from 13-18, the age of majority. Some of the girls who are into prostitution have a male pimp, and others do not; there is a transition for many from working without a pimp to working for a pimp.

Most of these youth work "the street" which means both actual city blocks and other specific locations such as shopping malls, some bars and some after-hours clubs.

Most of these youth use cars as the place to do the sex act(s), although some use apartments and, more rarely, others use motel and hotel rooms.

All of the pimps are male and most are Black. Those who live in the neighborhood in which the girls work are about the same age as the girls, 17 years old and older. Those who come from out of state cities such as Chicago, Detroit, and Denver are older Black men. Black males youth and men, tend to work on the street, while white males, usually men, tend to be into more formally organized action such as call girls, suanas and the like. The local buyers (Johns, tricks) seem to be white men over 25 years old who are both single and married. Elsewhere, there are blacks and others involved. Less is known about these participants than any others in this social system. However, it is known that some few of these men professional positions in the human services and even the youth services. Many

of these men have a family and their own children are youth. Some men ask for girls of the daughter's age.

Although a wide range of sex acts are done, most men seem to want oral sex or intercourse. Most do not and for the less typical sexual acts such as the freak or wierd or sadomasochistic. The current cost of sex with these youth is about $25 for ordinary oral sex. This price varies by the act and the time involved and is responsive to inflation, to whether the girl works for a pimp (e.g., the male buyer pays for the hotel or motel room) the location of the pick-up and sex act, whether there is a big convention in town, and similar real world considerations.

The times of day for most action seems to be during the day from lunch hour to later afternoon and then later in the evening. These time periods fit well with typical male work schedules and allow the married man the opportunity to be home in the evening and in other ways protect his activities.

Remember that these girls may also be students in junior and senior high school and may choose to work only after school. Some live at home and work at this with or without parental knowledge. This, too, is a factor in determining business hours.

The reader who knows something of the public discussion of adolescent prostitution in his/her area and/or in Minnesota might stop reading here because these general facts do not seem to fit many public and private images of these youth and this phenomenon. This is true!

The phenomenon of adolescent prostitution is really a phenomena, one with a variety of patterns, social structures, subcultures and youth. There is no one pattern that fits all the known facts.

HOW OUR YOUTH GET INTO FEE-FOR-SERVICE SEX: BECOMING A TEENAGE PROSTITUTE

The "career perspective" is a useful framework for understanding the transformation(s) which occur when a girl moves from engaging in a sex act with a friend to being into fee-for-service sex and then to being an adolescent prostitute. This perspective allows emphasis of the patterns and regularities in the process. Becoming a young prostitute is not a random series of events.

The Seven Stages of the Career

One major career line is as follows. There are several other lines not noted herein.

Stage 1: Being Picked Out (Recruitment)

In the first stage, the girl is moved by others from someone in the mass of youth (who may be analytically at relative high risk to being involved) to someone who is picked-out of the mass as a possible participant. The girl is put at actual risk to "conversion".

The other participants include girls already working for a pimp and a teenage male who "fingers", i.e. points-out the girl to a pimp for a price--money or status.

(A variant of this is when the girl self-selects and finds another girl to bring her into "the life".)

Stage 2: He Contacts Me (Weaning)

Here, he uses information he was given. He talks, listens, tells her he would like to call and to see her again. Playing upon her normal interest in men and in dating, he tells her what "she wants to hear" in a way she wants to hear it. (A variant is when the girl contacts the pimp to come for her. Another is when she is already working either alone or with another pimp.)

Stage 3: I'm Being His Date and His Girl (Weaning)

Now, the pimp is gaining her trust and her love. He introduces her to his "friends", to prostitutes, to a madame" and to sex with him. He gives her gifts, takes her to parties and fancy night spots.

She is staying out late at night and may begin not going home at night. She begins to skip school, to lose interest and contact with her school friends. She begins to get into trouble with her parents because of these behaviors.

Parents and daughter discuss, argue, "fight", they put restrictions on her ("ground her"). Racial comments are made about her male friend.

She tells him about these hassles at home. Talk of love. He tells her he wants her full time and forever. She is sure he is meeting her wants and needs.

Stage 4: I'm Being His Woman and Lover (Training)

He wants and needs to know why her parents are interferring with their hapiness; the parents don't "understand" their love. He tells her that she doesn't need her parents; now because he will take care of her.

Ties at home are severely stretched or broken; she may "run away" from home. Disengagement from family are complete: new insulation from his and her new friends including his other women. They may live together. He is "everything" to her, including her family. He and other girls teach her the ropes. He asks her to do fee-for-service sex for him; she begins to.

Stage 5: Working to Show My Love (Working)

She continues to show her love by working. She is into fee-for-service sex, although she may not see herself as a "prostitute." Her life-style has changed and her whereabouts may be unknown to her parents.

There are several career lines from here. One leads to "I'm in the Big(ger) Leages," Stage 6.

Stage 6: I'm In The Bigger Leagues (Transfer, Promotion, New Management)

Here, the girl is promoted to another level in the prostitution system. This may be a non-youth specific level and/or it may be a change from the street to indoors (remember Minnesota's temperature range which is from very cold to hot): and/

or it may be a change to corporate management and/or a move to another city. Another shift could be from neighborhood "popcorn" or "bubblegum" pimp to a more professional or full-time pimp.

Another career line leads to a status change.

Stage 6A: I'm A Mother (Retirement With Honors)

Here, the girl becomes or gets herself pregnant with the intent of being a mother and/or with the intent of getting out and using pregnancy as a way to accomplish this.

Also, this is a way to keep her man, most say. It seems to depend on who the father is.

Stage 6B: I'm Out: He (They) Really Don't Love Me (Burned out: Forced out)

Here, the girl is business material, is "used up" due to hard work, illness, violence, her physical stamina, use of chemicals, etc.

Stage 7: I'm Being An , A very Old Kid (Starting Over)

Here, the adolescent prostitute is the old kid, the 40-year-old 17-year-old. Her choices are limited.

The career line which we presented briefly is only one of several in our area. Others begin at the bus station (as they used to begin at the train station at the turn of the century); others lead to out-of-state work; a few include the use of hard drugs but the majority do not.

BECOMING AND BEING A PIMP: PATHWAYS TO A CAREER

Here, we present in even less detail an overview of the major ways of becoming a pimp in our area. In outline, there are at least four stages of this career beginning with: (1) "I'm on the street and know the players" and am asked to help other pimps: (2) then moving to, "Ican't make it as good when I'm straight"; (3) then moving to, "I'm a daddy, and old man; finally, (4) moving from the streetto indoors and/or from our area to another locale. Some of the more important aspects of the career and the role are noted next.

The Neighborhood Pimp

In our experience, these young men are called "popcorn" or "bubblegum" pimps or local "players". They are Black, 15-21 years old and work with girls in their own neighborhoods and of the same race.

These boys learn about "players" as they grow up and learn that this is one way to earn a living and have status on the street. This is a role model perspective, one which emphasizes learning a social role and not pathology. Some of these youths move up and cross neighborhoods to recruit girls, some go citywide, to the whole metropolitan area, or expand to yet broader areas. Skill in recruiting and success in managing the business likely lead naturally to the belief that one is "ready for" or "destined to" bigger things. This is part of the "American Dream."

This analysis of the role of the "American Dream" and the entrepreneural spirit is used often to explain the use of "socially deviant behavior". It is useful here because it accounts for some of the realities one sees and hears about, including almost an absolute absenceof jobs, viable or deadened, for minority youth in their community or in a broader mark
of other facts: relatively poor formal education, lack of basic skills, little legitimate work experience, racist corporate public hiring practices and the like. To want to be straight and then be blocked in becoming a "straight" can lead to anger, frustration and hopelessness, and to be continued to use illegal means to achieve valued ends.

In our experience, many of these youth will move out of this work if other, viable possibilities are found. Those who stay in do so partly because there are no alternatives. We do not believe that most stay out of any great pathological or perverse need.

THE OUTSIDER

The Small Business Man

Another pathway to being a pimp is to move from a part-time neighborhood player to a full-time neighborhood player; one can even move farther-in geography and higher up the status level--as will be noted.

This route is open in our experience to Black youth men. 17-18 years old and up. Young men who come to this level have begun at a lower level; this is not entry level work.

This is a small business structure, and to do well at this level, the man must be skillful in working with the girls, her family, the illegal street scene and the legal worlds of police and the juvenile and adult courts. As a small business man he spends his time in staff recruitment and management.

In a street sense, prostitution is less bad than drugs and it also pays less. If a choice was made to stay in the game (or not to leave the game), it is in part a choice about his career and, in part, an expression of what he thinks he needs to do to move on and up. Our experience is that these boys and men are not crazy by local or professional criteria. They are guys on the move in their own corporate world.

The "Franchise"

Another pathway to being accepted to be part of an "organization" - a term used here to cover the loosely connected the tightly structured local street or community organization as well as being geographically spread and more organizationally complex systems of illegal behavior including juvenile prostitution.

This is a pathway for both white and Black youth, over 18 years old who have some background with these activities and some experience with others in the organization.

This is a career ladder view of how and why some boys and mean are pimps--one which stresses the opportunity structure available to those who become affiliated. This might be called the "franchise perspective". Emphasis is on the job-ness of

the work. These men are likely recruited for this work because of their acute interpersonal skills and keen psychological insight. These men use their skills and violence to keep their girls working. We abhor this, but we can understand how relatively easy it can be to learn to do this. Our proximate and distant worlds are filled with examples of people learning to maim, kill and con for a cause, for money, for a status and for "love".

We don't know enough of these men to know much about them personally. This is a level of juvenile prostitution which is much harder to learn about. Violence and its threats are deterrants to our further inquiry. We see some of these men as having problems, particularly those who go beyond street norms in the use of force.

Moving Indoors

Another pathway for the pimp is having an indoor place--a sauna, bar, after-hours joint or the like. This is not as typical a place for juvenile prostitutes in our experience, so we can offer little insight about who these pimps are and how they came to be where they are.

TOWARDS UNDERSTANDING THE PIMP

From the outside, a pimp can be looked at, for example, as a small business man who puts much of his time into personnel work and employee relations. From the phenomological inside, he lives surrounded by loving girls, always cared for and always needed. Even if he doesn't love back, he cannot be totally immune from the feeling and experience of being needed, wanted and depended-upon. Feelings of power and control over others must surely be present and potent. He is, inside and outside, literally and figuratively a man in the most sexist, chauvinistic senses of those terms.

He is a user of people and, to us, he can almost never be "authentic", as can the girls. The one exception is horrible: his personal and professional wholeness is achieved in the very act of evil--the physical beating of the girls who he is metaphorically abusing by his very false relationship with them.

In the same moral terms, his every action to sustain the relationship with the girl on the basis of guile, threat and abuse is evil. If she is prevented from leaving him by his force, she is a captive, a prisoner. This is the ultimate different reality than that of the girl who experiences him as her love. This is another aspect of the defamation of "love". This is one pulse of adolescent prostitution.

As with the cults, the issue must be put in stark moral terms. Freedom in its most concrete senses is at stake here: the freedom to leave him and to say no to him are "taken from" the girl intentionally, with skill and success.

THE BUYER

The male buyer of an adolescent's services is called a "trick" among insiders and a "John" to others. We know nothing about these men from direct interviewing. Our data comes from observation, the work of others and interviews and work with the girls and with pimps.

Most of the men in the adolescent market are free agents who set up their own street purchases in contrast to having someone else do it for them as e.g. a corporate public relations officer. So, the men must find the marketplace, then pick a girl, then negotiate with her for the desired acts, the place where these will be done, and the cost.

Who are these men? How do they get to the marketplace? Where do they learn how to negotiate? In our experience these are white men 30-60 years old, both married and unmarried and with or without children.

We guess that the men find the marketplace because they grew up in the Twin Cities and everyone knows that (1) there is some prostitution in certain neighborhoods and shopping areas; (2) they learned this from their buddies in the neighborhood or on the jobs (3) they asked other men and a variety of people "in the know" such as taxi drivers, bell hops, or delivery companies; (4) they read about it in the newspapers or see it on television; or (5) they go to a sauna, a porno bookshop or another such place and ask.

We believe from our experience, that some men learn how to negotiate with the girls from past experience with older women and/or from movies, television or books. Prior experience is not necessary. The girls often teach the man his reciprocal part.

Some of the men are looking for females: then age and/or race. Others may be looking for a sexual repetoire, then race and/or age. Some men, however, do ask for girls of a specific age, often they say, the age of their daughter.

Since many of these girls have been trained to appear to be a different chronological age than they are, usually older, the man who doesn't ask may not know how old the girl is and the man who does may be lied to. The girls who are trained can pass for someone older by the use of cosmetics, clothing, hair style and interpersonal style: also many have false ID cards. Interpersonal style is meant to include speech style and the content of body language.

WHY DO MEN USE PROSTITUTES?

From what we heard from the youth, men say that it is convenient, relatively low risk, (i.e. arest or violence), "uninvolved"--anonymous or pseudonymous, and short term or "no relationship" relationship. One youth reported that almost every white man asked her if he did as well as Black men. Feeling "with it" by being with a teenager may be important to some men.

We guess that for some men, the use of prostitutes is natural and is something they grew up with, something their father and/or his friends did. Other men could have learned about and used prostitutes while in college and/or in the military. There is very likely a wide social distribution of knowledge about prostitution.

There may be an irreducible aspect to this phenomenon and it is the youth-ness of the girls. It just may be that when all is said and done, some men want to have sex with young girls, teenagers, youth and adolescents.

"LOVE" -- THE NEW PHENOMENON

Many adolescent prostitutes and female youthworkers believe that the main difference between young prostitutes now and in the recent past is that the girls

now who got into prostitution and stayed in it did so because they were in love with their pimp. These girls "would do anything" for these men.

One of us thinks that there is more to it than this. Although he has heard this many (hundreds) of times, he insists that "love" too must be understood, not just accepted. For example, it may be useful to distinguish between "love" as that total feeling and experience and idea and the use of the word "love" in answer to the questions of "why did you get into prostitution?" and "why do you stay in it?" and "when will you get out of it?".

In answer to these and similar questions, "Love" may be the total, real "true love"; and/or it may be a new pat answer, one learned by the girls from other girls and from others. It is "good" as an answer because it fits so well into sexist and, if you will, youthist thinking: "A foolish young thing who falls in love by falling for a guy who is putting her on." These are surely anti-woman and anti-youth elements combined. Add to these, race and income and the public, cultural, stereotypic images of a "young naive, white girl with a Black pimp" and a "street-wise, poor, black girl with a Black pimp" come to mind. The latter wouldn't "fall for that line" but "what can you expect of the white kid who grew up in a sheltered white world?"

"Love" is a word which has the consequence of changing the moral and/or psychopathological interpretation of her status and her behavior from something and someone "bad or sick" to "sad and Naive". In this sense, "love" is an "account". If "you're in love", many things can now be done without one feeling dirty or cheap. This is a stated reason given by women who stay with husbands who beat them or mistreat them in other ways.

"Love" then, is a culturally acceptable reason or explanation for feelings and behavior which one may be uncomfortable with, may dislike or may think that others would not accept. Put another way, "love" is used metaphorically in a strategy of personal identity and interpersonal relationships. But there is more to this and phenomenon than these points because "love" covers much semantic, emotional and interpersonal space, for these youth as for us. In another sense, one can "hear" paralingual music when the girls use the word. "Feeling secure, feeling cared for, being paid attention to, doing something (exciting)" are some sounds we've heard when the work is used by involved girls.

What must be clear and understood is that for some girls, "prostitution" or "the life" is not at all or is only part of a phenomenological reality. The overriding phenomenological reality for some girls is "being his lady, his woman." This is what "love" means. It is precisely this reality which confounds many who seek to understand adolescent prostitution and those who try for laws to control the pimp. And it is precisely this reality which is so poignant, so sad, and so difficult to accept as an answer to why young girls get into prostitution.

It is not the commercialization of sex which is at root in our discomfort: nor is it the morality of prostitution. Instead, it is the fraudulent, the instrumental, manipulation of affection, the con, which we resonate to, for we too were in love for the first time. This is "puppy-love" twisted, stripped and mauled for money, lifestyle and social status. This is "playing" in its most dishonest and repugnant sense. Our rage is at this existential evil, this rape of the very core of a person, her caring for another.

OUTSIDE AND INSIDE

We outsiders see a "prostitute"; she sees herself as is in love and hence a fuller being. We see a girl to be saved or helped; she sees herself as where she

wants to be.

We want her to see herself and him like we see them--as prostitute and pimp, two bad people. With many girls, we will fail because to be a prostitute is only a way of being with him and is not as we see it.

Neither here or anywhere else in this paper do we say that this is true for all girls. We do say that this is true in our experience for most girls.

THE CENTRAL IRONY

The central irony in the whole issue of adolescent prostitution (and in the field of victimization) is found here on the issues of "love and freedom". Phenomenologically, she wants to be together with him in her loving while he, who doesn't love necessarily in the same way, in return, keeps her close by sustaining this love so that her very love is the loss of her freedom. She is blindly in love, in the literal sense. Physical force is used, likely, when this binding of caring is broken. This is precisely why legislative and/or police efforts applied at this locus are failures (in relationships of this kind). To go after the pimp is to go after her love and it is to have her move closer and become more caring of him and more scared: this is a purely human reaction, a healthy and whole action. This too is so ironic! In the real world of the street, the girl and pimp go underground or go away.

WHAT CAN BE DONE?

Let us begin with some practical points: there has been and will likely continue to be some boy and girl involvement in fee-for-service sex as prostitutes. The implication of this point is that effort ought to be on controlling and reducing the numbers of those so involved and not in trying to make this phenomenon disappear.

A second practical point is to remember that the actual and relative size of the youth population is dropping and this will very likely mean a decrease in the number and, possibly, the rate of involvement by young girls.

Third, we see no simple or single way to control, reduce and/or prevent these phenomena, nor is any one social institutional system the only responsible domain of action. Police and courts alone are no more likely to achieve relative control and prevention than is "education", counseling or "treatment".

Fourth, no simple or single legal remedy exists. One could control the use of the juvenile petitions which are now used to hold the girls, e.g., the status offense group. There is no juvenile prostitution statue in most jurisdictions.

A law enforcement approach directed at the pimp will be futile and even dysfunctional if our analysis is correct for some of the girls. To go after the pimp is to have the girl move closer to him and to have both of them go away or go "underground."

To simply arrest the buyer is an impossible task given the size of the police force, business mobility, i.e., pimp and girl, and the like.

To do all of these things might still be to keep from achieving the goals of control, reduction and prevention. A better approach is to go back to our sketch of the pathways to becoming an adolescent prostitute and use this to find multiple loci for simultaneous intervention. Put simply, several actions can be done at once and there can be oriented at several locations of the system. Yet, even this approach will have only limited success, we believe.*

*see footnote bottom next page

There are several pathways into the fee-for-service sex social system for boys, girls and men, and there are several levels and subsystems within the larger adolescent prostitution system.

For the girls, one locus of intervention is on the pathway which is used by those who pimps recruit, train, promote and supervise. Here, girls not in prostitution could be exposed to others who were recruited for prostitution in this way. Public meetings, school classrooms, social agencies, and the like could be loci for this level of education. We have in mind not the scare approach of "look out for bad men." Instead, we would focus on the larger, broader topic of dating or sexuality. Our point is that dating is a normal adolescent activity, one which we believe is fun and necessary to healthy development. The pattern we showed with the young girls who move into prostitution is a distortion and manipulation of this normal activity. Both themes must be stressed--aware that the prostitute pattern will come to be very, very infrequent for most girls. Obviously, one could be more focused by being more selective and using this approach in relatively high risk areas as well as with relatively high risk girls.

Obvious, too, is the point that the more girls in a school who are exposed to this information and who have the opportunity to talk about it, the more one is developing a potential support system for individual girls and the more one might be building a critical mass of youth to oppose pimp activity in the area or school. Parents too should have the chance to learn about and talk about these youth behaviors and feelings. Common to all of these actions is the notion that education is an effective prevention approach. Alone, it probably is not. It must be coupled with other approaches and actions.

For the girl who is involved with a pimp and is in a "stable", i.e., part of a group of girls working for the same man, "education" is probably not effective. In fact, many girls just plain don't want out.

For very young girls, 12-15 years old, a law enforcement approach may be the only viable way to achieve the temporary separation of the girl from the pimp. We say temporary because we believe that girls who are pulled away by police will try to go back to the man.

For all girls, there have to be places so that those who want to leave can do so and have a physical shelter available at once, with security and protection from pimp or parental (or other) retribution. In many places, this is called a "safe house" and it can be part of a runaway house or it can be a home, a hotel room or the like.

For girls who don't want to leave the man, regardless of age, they must be told that options to leave do exist, will continue to be available, can be used more than once and they will not have to pay in coin or with self-respect. How to get this information to the girls and how to create and sustain this service reality are no simple tasks. One way to achieve this message diffusion is to "build it into the street scene;" that is, to use our understanding of the social organization of adolescent prostitution in various, specific locations to "get out the word" that those who want out can get out.

This is not as naive as it may seem. Remember that it is not secret that such patterns as were noted exist in a great many neighborhoods around the country. The pimp is known by many as a pimp. Police and family and neighbors know very often who these men are. Under the principle of "live and let live", such "arrangements" can be made.

*No discussion is made herein about long term primary prevention approaches such as family development, healthy youth development, massive social change or the like.

THE PIMPS

We have very little hope that the pathways to becoming a pimp can be closed or partially blocked. There are too many boys and [illegible] who want what are still the very few pimp "jobs". As the "organization" becomes more involved in local as well as cross-state structures of adolescent prostitution, the "franchise" approach will spread. This may make it <u>easier</u> for some girls to leave the trade because to control her may <u>not</u> be worth the risk it could mean in publicity, in citizen arousal, and in resultant police and media attention.

THE BUYER

Here, too, no simple or single action is sufficient. The major problem is that the buyer is unknown and cannot easily be identified except during the actual social situations of picking up a girl, during the sex act(s) or immediately after this. The exceptions are corporate middlemen whose activities could be controlled with publicity, we believe, and the "regular customers."

The regular customers include those who stop-off while working as "route men." (i.e., those whose work routes are regular, such as public utility workers) while in other areas, it will be those who work in some local office, government building, factory or the like. The "regulars" could be spotted if the girls stay in a relatively well defined area, as most do. Public attention could be focused by the action of "someone going around taking names" and, even, photographs.

Laws focused on customers could be effective in raising the risk of going to a young prostitute; but it is likely that differential and very selective enforcement of these laws would be seen. This is just a fact of life.

Community action can be effective in keeping some of these men out of the area where girls are working. This has risks for those neighbors who are active and these are from pimps and others in the forms of physical assaults, pay-offs and the like.

It may be easiest to turn these men towards older prostitutes. This strategy is based on the assumption that most of the men are normal and that their interest is in sex with a prostitute and not only sex with a teenage prostitute.

IF ALL THIS WERE DONE. . .

If all of these actions were taken in a large city, at the same time and were sustained for as long as necessary, it is likely that adolescent prostitution would <u>not</u> disappear. Its configuration would change, likely, as would the geographic locale of transactions. Fewer new female recruits might enter the pathways, but teenage prostitution would likely continue on a lower level of activity and visibility. (The old endemic level, likely). Most effected would be the small businessman and indoor levels of operations.

This will be so, we argue, because the level of franchise operations by definition crosses neighborhood, community, city and state boundaries. A community can get mobilized and push-out street prostitution. It is much more difficult and dangerous to try this with the citywide, statewide and interstate organizations.

We are pessimistic about the short-term possibilities of controlling, preventing and reducing the phenomenon of adolescent prostitution, yet we do believe that some effective action can be taken about girls involved in fee-for-service sex. In a real sense, every community will have to work out its own plan. You can begin by looking to see if there is adolescent prostitution in your community.

X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

May 31, 1979

IMPLICATIONS FOR PROGRAM DEVELOPMENT

KEYNOTE SPEAKER:

Jane Berdie
1620 Cook Street
Denver, Colorado 80206

Incest and Prostitution: Implications for Program Development

By: Jane Berdie, M.S.W.

from the Keynote Address of the Conference Entitled

"X-Rated Problems in Families with Service Needs"

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Juvenile incest and prostitution increasingly are of concern both to the public and to the human services system. Both problems seem to be increasing, although it is possible that at least some of the apparent increase is due to our willingness and capacity to identify cases.

Like all social problems, juvenile prostitution and incest present some special issues for the service system. This paper presents an overview of some of these major issues and their implications for program development, implementation and evaluation. What follows is a brief discussion of 1) the importance of developing a special emphasis on juvenile incest and prostitution, and 2) major issues of controversy in the areas of juvenile incest and prostitution and potential barriers to program development.

WHY DEVELOP A SPECIAL EMPHASIS ON JUVENILE INCEST AND PROSTITUTION?

There is some question in the human services field about whether a special emphasis (including public education, professional training, specialized program funding and legislation) is really necessary. This point of view stresses the current capacity of child protective services to intervene in cases of incest and of the juvenile and criminal justice system and the general youth services system to intervene in juvenile prostitution.

However, several special conditions of these two social problems suggest that a special emphasis is needed. Some of these conditions apply to both juvenile incest and prostitution and some to one or the other.

Special Conditions of Both Juvenile Incest and Prostitution

- To some extent, these are both hidden problems which are now emerging. While it may be that there are real increases in incidence rates of both phenomena, it also appears that we are more concerned than before about juvenile incest and prostitution and consequently, literally we see more cases. To some extent, juvenile incest and prostitution, as social problems, can be compared to child abuse fifteen years ago. As the public and the human services system became more willing and capable of defining child abuse, the problem seemed to come up almost out of nowhere. Generally, the same seems to be in the case for adolescent abuse now. Once a social phenomenon becomes of real concern to key people and then to the public (i.e., becomes a social problem), it often suddenly seems to emerge quite quickly.

During the times when a social phenomenon is becoming a social problem, there is a unique opportunity to make some headway in terms of intervention. Often in this country it seems that a social phenomenon attains the status of "social problem" for a relatively few number of years and during that time key people such as service providers and planners need to make the most of the social context of the problem, i.e., develop training for service providers and education for the public; increase knowledge about the problem; plan, implement and evaluate special intervention programs; and attempt to institutionalize special programs into traditional service systems and funding sources so that these programs will continue after the limelight has faded.

It appears that these two important social phenomena are now becoming social problems and therefore it is a critical time to develop a knowledge base and intervention strategies.

- There is a <u>great deal to learn</u> about both of these problems. The paradigms available to us for understanding and working on these problems are useful but probably in themselves insufficient. As Naman Greenberg, Director of the Child Abuse Unit for Studies, Education and Services (CAUSES) in Chicago says about incest, we likely do not know what it is that we are treating. For instance, what appears to be correlative may not be causative. What we observe in terms of personality factors, family dynamics and pimp-prostitute interaction, for example, may be a consequence rather than a cause of

incest or prostitution.

Likely some of the paradigms we tend to use provide some important insight. These include paradigms for child abuse/neglect, adolescent abuse/neglect (just emerging within the past year or two), adolescent development, middlescent development, family development and family interaction, and various "acting out" theories (from psychoanalytic to social opportunity). However, our knowledge about juvenile incest and prostitiution is clearly incomplete and in need of new thinking based on intervention experience and new research to test ideas about dynamics and effectiveness of intervention.

- <u>These problems are difficult</u> to deal with. Often cases of incest and prostitution are described as, at best, "sticky" and, at worst, dangerous for the service providers. Because these problems involve sexuality as well as a myriad of other issues, pecple often become more emotional about them than other kinds of problems. The consequences can be that service providers either avoid cases involving incest and prostitution or they tend to become too invested, sometimes even dogmatic and self-righteous. A group of service providers who typically are able to coordinate treatment plans and services quite well may have inordinate problems in doing so in cases of incest or prostitution. It is important to develop comprehensive programming which will train and sensitize service providers not only to case dynamics but to the issues of working in these areas and to provide sufficient resources to make working in these areas rewarding.

- Juvenile incest and prostitution are legal issues and therefore it is more than a moral issue or a social science and social service interest that makes the development of knowledge and intervention strategies imperative.

- There is a growing group of interested and committed service providers who want to work in the areas of juvenile incest and prostitution. It is important for policy planners and program funders to encourage this interest and commitment by making it possible for people to work in this field.

- There are serious consequences to not acting
  - -- As said before, there currently is sufficient interest in these areas so that there is now a social, economic and political opportunity to move ahead. If, as has happened in other areas of social concern, this interest fades over the next few years, then the opportunity to increase a knowledge base and to develop and institutionalize programs will have been missed if action is not taken now.
  - -- it is likely that the number of cases of both juvenile incest and prostitution will increase significantly over the next few years, and that without the development of specialized programs, the existing youth service system and child protection system will have the additional burden of many new cases without specially trained service providers and without the funding for programs to meet these clients' needs.
  - -- The personal consequences for victims and others involved

in incest and prostitution appear to be great, even devastating in many cases. A very real and detrimental set of consequences for clients exists if strong programs are not developed. Since there is some evidence that prevention and remedial services help, it is likely that the lack of program development in these fields will have serious consequences for many individuals.

Special Conditions of Incest

- Incest usually affects all family members. Many service providers have noted that incest affects all members of the family. Often the entire family becomes enmeshed in a conspiracy of silence. Often all of the siblings learn both victim and perpetrator-aggressor roles. Thus therapeutic intervention in cases of incest can be beneficial not only for the perpetrator and victim but for other members of the family as well.
- Incest is sometimes a cyclical, intergenerational problem. Often the parents in an incest family report that they themselves were victims of sexual or other abuse as children. This is not to say that all victims or siblings of victims will one day victimize their own children, but that there is likely a higher risk than in the non-victimized population. Thus intervention can potentially help to prevent future generation sexual abuse.
- It is likely that much incest not only goes unrecognized but that it is masked by other problems. Many service providers have noted that incest victims sometimes react to their victimization by acting out and that some incest victims

are labeled and treated in the service system as delinquents, status offenders, school problems, etc. An increased awareness and skill level among a variety of youth service workers likely would help to identify and treat incest rather than just acting out problems.

- Juvenile prostitution is likely linked to incest in some cases and intervention in incest may reduce juvenile prostitution.

Special Conditions of Prostitution

- Juvenile prostitution is likely on the increase in actual numbers as well as in visibility. Thus the development of programs for prevention and treatment are important to keep the extent of the problem from increasing.
- Some of juvenile prostitution appears to be part of sophisticated organized crime and thus a comprehensive and coordinated intervention system involving law enforcement as well as social, mental health and health services is critical.

MAJOR ISSUES OF CONTROVERSY AND POTENTIAL BARRIERS TO PROGRAM DEVELOPMENT

Issues of controversy and barriers to program development are major determinants of whether and how programs actually develop. What follows is a brief discussion of several issues of controversy and common program barriers in the areas of incest and prostitution.

Incest: Special Issues

- What is the nature of the problem?

  How a problem is viewed determines in part how intervention is planned and implemented. In the area of incest, the

several major viewpoints are as follows:

-- crime - within this perspective are two variants:

a. incest is basically rape, i.e., sexual molestation of one person by another. This viewpoint stresses that only when the victim is related to the perpetrator does the service system force the victim to "work out the problems" with the perpetrator.

b. Incest is a crime but the family relationships make it a unique form of sexual abuse. However, prosecution is often important in order to 1) de-stigmatize the victim; 2) prevent recurrance and 3) punish the perpetrator.

This perspective on incest has certain implications for program developmen . Prosecution is usually thought to be important. Evidence to support prosecution is important and thus so are detailed investigations and medical examinations. Since both can traumatize a victim, one-to-one advocacy for the victim throughtout the process from investigation to treatment is critical. Adolescent victims often experience intense fear and guilt and intervention and can exaccerbate these feelings. An advocate is needed to form a rapport with the victim, to assure her that she will not be left alone and that her rights will be protected and that undue interviewing is not conducted. Placement of the father rather than the victim is often a focal issue in this frame of reference.

-- individual pathology - In this viewpoint, individual pathology is the important etiologic and treatment perspective.

Usually pathology of the father is thought to be the most important etiologically. However, often mother's pathology is thought to contribute significantly. The pathology of the victim and siblings is usually of concern more in terms of outcome than etiology.

Program implications often associated with this viewpoint include psychotherapy for everyone, usually in the form of individual treatment or cohort group (e.g., perpetrators, mothers, victims, or sibling groups). Marital or family therapy is often seen as a goal but not as a primary form of treatment because of the immediacy of individual issues.

Often this perspective is associated with a "work-with-whomever-you-can-get-your-hands-on" approach; i.e., since the treatment goal pertains to individuals, any one family member can be treated without having to engage other family members. Often it is also associated with an anti-prosecution stance since prosecution is thought to be anti-therapeutic. However, other programs which are based on this perspective which treat perpetrators have found that these clients will participate in treatment only if court-ordered to do so.

-- <u>family systems and/or marital dysfunction</u> - From this perspective, sexual abuse is a consequence of and often functional in a highly dysfunctional family and/or marital system. Common family interaction patterns are enmeshed families and chaotic families. Pathology is implied by

the emphasis on family interaction patterns around issues such as power relationships, decision making, communication, roles and boundaries and rules. Programs which operate from this as a major perspective use family dynamics diagnostically and in treatment. Whole family treatment is a goal and sometimes the major or only form of treatment from the beginning of treatment. Such programs may require participation of the whole family in treatment.

-- disease model - In this viewpoint, sexual abuse is analogized to a disease. It is seen as similar to alcoholism in that it is maintained by habituation, denial and rationalization. Treatment implications are similar to alcoholism treatment, e.g., may involve behavioral approaches to desensitization and insight-oriented techniques which break down denial and rationalization. This viewpoint is emphasized in programs which also treat substance-abusers and which see evidence of a relationship between the two problems.

-- cultural problem - In this perspective, the culture of the extended family, the ethnic group or neighborhood is seen to be a major influence in sexual abuse. Program implications include education and socialization of victims and siblings; recognition of the difference in cultural values, but not toleration of them; and separation of the victims and potential victims from the perpetrator since treatment of the perpetrator often is considered almost impossible.

• Role of the criminal and juvenile justice system - The role

of the criminal and juvenile justice systems are controversial in cases of incest. Those who are opposed to any intervention say that the court system tends to stigmatize the victim, the perpetrator and the family and that this is counterproductive to treatment. They say that once the court is involved, the human service system looses control and that a common consequence is that a legal battle without regard to the best interest of any party ensues. They argue that it is difficult and sometimes impossible to influence major legal processes such as investigation, decision to prosecute, placement and removal of perpetrator and sentencing.

Those who favor involvement of the court systems say that resistence among clients is so common and so high that the muscle of the court is a help to human services and that judges will often consider therapeutic consequences and the recommendations of service providers. They say that working closely with courts and other brances of law enforcement is a powerful way for social services to influence the process and outcome of legal intervention, e.g., on how investigation interviews are conducted and on how decisions are made to file criminal charges and/or petitions for Dependency and Neglect hearings in family court. They say that stigmatization is a fact of the allegation of incest and not just court involvement. Within the latter viewpoint is a range of viewpoints about the degree to which the court and other law enforcement should be involved and in which cases.

The program implications of these viewpoints differ significantly. Those programs which favor court involvement

often have policies which mandate court involvement as a criterion for working with a case and some work closely with law enforcement staff in case planning and coordination. Programs which operate from the viewpoint that court intervention is therapuetically costly try to provide services without involving the courts. Others attempt compromises, e.g., filing family court petiitons if criminal charges can be avoided.

The role of criminal and family court is a major issue in most programs which treat incest cases and will likely continue to be. Program implication affect not only the delivery of services of programs providing services but also the coordination of services between agencies.

- Medical examinations - The issue of medical examinations of victims is important with regard to 1) determining if medical treatment is needed, 2) the need for evidence in the case of possible court involvement, and 3) the therapeutic implications for the victim. The latter issue is controversial. Those who favor thorough medical examinations for all or most incest victims stress the viewpoint that the victim needs to know if she is physically harmed and whether she will have problems with menstruation; intercourse; and conceiving, and carrying and delivering babies. Those who are opposed stress that the pain of thorough examinations as well as the nature of the examinations psychologically recreate the sexual molestation for the victim. The major program implication is the importance placed on the examination.

Clearly programs which favor court action tend to favor thorough medical examinations for purposes of evidence gathering in most cases. These programs stress the importance of 1) training medical personnel in the therapeutic as well as medical aspects of examinations and 2) insuring an advocate for all victims. Those who stress the counter-therapeutic aspects of medical examinations stress these same points and also the importance of making differential decisions to conduct thorough examinations based on a clear and unequivocal need for evidence, on the presence of fear of bodily injury on the part of the victim that cannot be alleviated in other ways, and on the medical probability of injury and need for treatment.

These viewpoints suggest quite different program needs, i.e., the former requires thorough medical examinations in all suspected incest cases while the latter calls for these in only certain cases. Since thorough medical examinations require trained personnel and a rather long examination period, the implications for the time commitment of medical staff to a comprehensive incest treatment program varies significantly.

- Whose responsibility is it? Working with incest cases can be difficult. Often there is a lack of clear evidence needed for court. There is lots of anger, denial, and often retraction of allegations. One must work with non-voluntary, hostile clients. Sometimes there is real danger. One must be prepared to deal with not only these difficulties but also

often with the lack of adequate services and within an unorganized service network. Clearly these problems make many service providers not want to be involved.

On the other side, however, there are controversies about which type of agency is best prepared to deal with the problem. This is related to the issue concerning the nature of the problem, but this dimension is presented as a turf issue, i.e., which agency is best prepared in terms of staff capability and agency resources to take primary responsibility for intervention in incest. Often the issue is presented in terms of the problems other agencies create.

The issue of agency responsibility has important implications. Lack of coordination among agencies leaves serious gaps in the network of services. If the community sees one agency (e.g., police or social services) as "owning" the responsibility, then it is likely that fewer cases will be reported since many would-be reporters distrust one or another agency. Clearly no agency currently has the staff to handle the caseload which will likely to be reported in most communities within the next few years. Additionally, significant problems can develop if an agency administration wants the agency to take a major responsibility but line staff does not.

- Is working with the father antithetical or counter-therapeutic to working with the victim and the mother? There is a strong division of opinion on this topic. Several specialized programs say that it is and that fathers must

be treated by separate agencies. Others say that with limited resources the priority for treatment should be the victim and then the mother. Still others believe that their responsibility is to treat all of the family or at least the victim, mother and father, whether separately, in dyads or as a family unit. Clearly this issue is related to the issue of how the nature of the problem is viewed and, to some degree, to the reality of limited resources.

Incest: Potential Barriers

- Emotional Issue - As said before, incest is an emotional issue and often workers ability to work with cases and with each other is undermined. Training in areas of incest dynamics and treatment skills, in awareness of one's own feelings and in case coordination is extremely useful in counteracting this potential barrier to the development of a good service system.
- Coordination of Services - Because of the controversies about agency responsibility and nature of the problem, coordination of services among agencies with regard to incest can be a major problem. It is important for an inter-agency task force, which includes representatives from administrative, supervisory and direct service provider levels, to work out problems of clarifying agency roles (especially in response to crisis), clarifying procedures for implementing services and clarifying coordinating procedures on issues such as policy planning, delineation of roles, how and when to use various services, identification of service gaps, program development, and periodic evaluation. These are on-going issues,

each of which has the potential to block a well-functioning service delivery system and therefore must be reviewed continuously.

- Worker morale and competence - Working in the area of incest requires special skills, sensitivity and self-awareness. It requires skills in working not only with clients but with a variety of other service providers. The work can be draining and low morale and burn-out are not uncommon. Effective services for incest families is dependent on skilled, energized direct service workers and it is important to design incest service programs in ways which recognize the special skill needs and the inevitable pressure on direct service workers. Among the necessary provisions in a well designed service program are 1) training for workers, 2) a reasonable case-load size, 3) back-up relief and adequate flexibility for "mental-health" leave, 4) supervision, 5) clear, useful protocols to help with decision-making, 6) adequate resources for case planning and follow-up, 7) a system for team case review, and 8) opportunities and time for related work, e.g., participating in research, program planning and evaluation, training other professionals, community education, writing, etc.

Prostitution: Special Issues

- Is there an etilogic profile of adolescents who prostitute? A common theme in the literature on prostitutes is that they form only relationships which require them to meet the other person's needs (often highly exploitive) in order to be accepted. The prostitute is entrapped in a struggle to

form relationships which always necessitate her giving of herself in demeaning, depersonalized ways.

This is still considered a perversive dynamic by many people who work with prostitutes. Since there is recent evidence that likely a significant percentage of prostitutes experienced sexual, physical and/or emotional abuse as children in their homes, this point of view now includes the early dynamic of child abuse.

Others who work with young prostitutes point out that there are several entry pathways into prostitution for young people and that prostitution is often the only or the most appealing option to a youth after running away. The structure and norms of the pimp-prostitute relationship require the young person to constantly attempt to please the pimp. It has been noted that intermitent reinforcement is often used by pimps with prostitutes and this may tend to increase the prostitutes' attempts to please. Thus, the personality dynamic described above may be consequent to prostitution and not necessarily antecedent to it.

A treatment program which assumes a prostitute profile as described above will likely focus on the therapeutic issue of the formation of relationships which are not primarily contingent on meeting the other person's needs. A program which assumes that this profile perhaps is secondary to the vulnerability of running away and getting into the powerful relationship with a pimp will not necessarily focus its treatment

goals on building basic trust.

- Can young prostitutes be treated? Those who say yes point out that adolescent prostitutes are young and many have not been prostituting for long. Alternatives can be found. Many young prostitutes would get out but feel trapped, afraid and need a strong caring adult to help. Alternative success experiences and psychotherapy can help for some. The major point is that to give up at this point when relatively little has been tried would be an immoral decision.

Others who are skeptical say that the success rate to date is quite low. Competition is stiff. Prostitutes get excitement, money, attention and sense of community from prostituting. Often they have not had much of this before and realistic alternatives (e.g., working at MacDonalds or going to cosmetology school) are not as attractive. Also the combination of attention, protection, violence and rejection is a difficult combination to break as is shown in the wife abuse treatment field.

For those who advocate putting effort into treatment, the program implications seem to be 1) active recruitment (by police, street workers), 2) safe houses, 3) low structured residential treatment, 4) quick rapport and support from a counselor, 5) excitement and non-threatening success attempts, and 6) trying to establish one-to-one relationships.

Those who doubt the usefulness of attempts to treat say effort should be put in prevention. This includes legislation, law enforcement, perhaps developing profiles for early

identification of high-risk youths and high-risk situations (e.g., running away).

- Should young prostitutes be encouraged to help prosecute pimps? Those who say yes point to the importance of prosecution in order to 1) stop the pimp from harassing the young woman, 2) change the nature of the relationship between the pimp and young woman, 3) to let a counselor get into a primary relationship with the young woman, and 4) to break into organized crime and discourage the "bubblegum" pimps, i.e., adolescent pimps working on their own.

  Those who say no say that prosecution keeps the pimp-prostitute relationship alive and that the victim is kept in a state of fear.

Prostitution: Potential Barriers

Other issues which may be potential barriers to program development are the following:

- Drugs - Some programs have attempted to treat prostitutes in a drug-treatment milieu and from a drug treatment orientation to problems. For the most part it has been found that young women who are prostituting for a pimp are not abusing drugs except for marijuana since their pimps want them clean. Also most drug treatment programs are quite confrontational and have strict rules. Often much of the therapy is conducted in group settings. It appears that young women who are prostituting do not respond well to confrontational group therapeutic approaches. They respond better to one-to-one supportive approaches by adult therapists. They do not do

well in highly structured programs and tend to leave if they are voluntarily in treatment.

- Pathways - It is likely that there are at least several pathways into prostitution and that assumption that there is one adolescent prostitution scene is likely not only erroneous but could create unnecessary problems in program implementation. Among the variables that create different pathways and different prostitution scenes are as follows:
  - -- pimp-non-pimp - (some adolescents work only for pimps, some work alone and some attempt to do both).
  - -- part-time and full-time work
  - -- neighborhood, intra-state and inter-state patterns (some adolescents work only in one neighborhood and others are parts of organized mobile networks).
  - -- bubblegum pimps and organized crime (the pimp scene involves a range of pimps, almost always men, some of whom work alone, some of whom work in large syndicates and some who work in small, loose organizations.)
  - -- violence and non-violence (not all pimps are violent and not all johns are non-violent; adolescent prostitutes may have been exposed to no violence or extreme amounts).
  - -- runaways-non-runaways - (not all young prostitutes are runaways. Many part-time prostitutes live at home).
- Lack of Service - There is an extremely poor service network in most communities for treatment of young prostitutes. Few service providers are trained in or even want to work in the area and few agencies have made commitments to develop programming.

X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

IMPLICATIONS FOR PROGRAM DEVELOPMENT

May 31, 1979

EXEMPLARY PROGRAMS

University of Connecticut Medical Center (Lydia Dyson)

WHAT ARE WE DOING?

We:

- Offer training in Family Planning issues to any social service agency. The training is practically no cost ($1.00 per person) and offers college credit upon completion.
- Create linkages among agencies by trying to have one person from each agency participate in the training.
- Train parents and social workers in sex education, not only in what physical human reproduction is all about but also as counselors in human sexuality. This training helps them feel comfortable in areas in which they have not worked before.
- Use specialists in each area.
- Evaluate the training by using student input.
- Use a group of experts to develop the curriculum on an ongoing basis.
- Design programs to fit the needs of each agency.
- Present Adolescent Awareness and Education programs in the UCONN catchment area with the cooperation of schools and churches.

Planned Parenthood League - Peer Outreach Program (Jane Pahley)

WHAT ARE WE DOING?

We:

- Base our peer outreach program on the belief that most young people receive their sex information from their peers.

- Train students 120 hours from four schools in Northeastern Connecticut. This training is done under Title 20. Students are training in all aspects of sexuality and communication and helping techniques.

- Pay these peer counselors $200 a year to become information centers and peer counselors. They identify themselves as such in the school and relate to their peers in a non-judgmental and confidential way.

- Are cognizant that sex education is controversial. Therefore, we obtain support from the parents of the student trainees as well as the principal and Board of Educations. Parent support is crucial to obtaining school support.

- Are cognizant that the training and program are controversial because it is sponsored by Planned Parenthood. Therefore, Planned Parenthood took the following steps to provide a solid program which met most objections:

    a. Only qualified persons are hired.

    b. There is both support staff in the school and supervision.

    c. The resources of the University are available.

    d. The trainer is a person experienced in working with adolescents and has a background in sexuality and group facilitation.

    e. All sides of controversial issues such as abortion are covered using people from the groups that represent opposing points of view to participate.

- Familiarize kids with resources within the community and help them to participate in activities that have value.

- Cover all issues of sexuality such as homosexuality, etc.

- Find out what the main concerns of the kids themselves are through brainstorming techniques. These concerns become the major focus of the program.

- Train kids in outreach techniques so they can make group presentations.

- Find, through careful records kept by the peer counselors, that approximately 15-25% of the student population is being reached.

One shortcoming of the program seems to be that more females than males are being reached. However, it may be that more males receive information through girls who have already received information from a peer counselor.

Children's Hospital National Medical Center, Washington, D. C.

The Child Sexual Abuse Victim Assistance Project (David Lloyd)

WHAT ARE WE DOING?

We:

- Provide medical and mental health diagnoses and treatment; protect the victim from further victimization from the perpetrator; and help to prevent sexual victimization and exploitation of other children in the community.

- Provide crisis intervention for the child and parent; referrals for long-term psychotherapy (especially in incest cases); legal counseling; accompaniment of child and parent to court; consultation with police and prosecutors; epidemiological research; and training to allied professionals.

- Work with a multidisciplinary team in a hospital setting.

- Provide 24 hour on-call services which include close alliances with the protective services and the police.

- Help many kinds of victims of child sexual abuse. In 80% of the cases the child knows the offender, yet only 20% of the cases are actual incest. Male victims who make up 25% of the caseload are mostly from 5 to 8 years old who have been sodomized by older boys. Most clientele are from low socio-economic levels and are minority group members. This profile reflects the District of Columbia's population.

- Initiate immediate therapeutic intervention.

- Talk with and work with both parent and child separately.

- Present the case to the team at a clinical conference for consultation and teaching purposes.

- Help parent and child understand and give them practice in the legal and courtroom procedures.

- Receive cases in three ways: 1) through the police, 2) through the parent who brings the child to the hospital without prior police notification, and 3) through the hospital when the child has come in for other services.

- Are particularly concerned about the vulnerability of prepubertal youngsters to gonorrhea.

- Favor plea bargaining rather than jail for the offender because it avoids the trauma of the child testifying in open court.

- Recommend developing a consensus among such a diverse staff to set the direction of the project and allocate tasks more efficiently to the skills of those involved.

- Recommend using the advisory board's expertise more extensively and effectively.

- Recommend receiving the best legal advice available.

Girls Clubs of America (Martha Bernstein)

WHAT ARE WE DOING?

We:

- Believe any organization, public or private, that is involved with girls and young women must and can be involved in programs of human sexuality.

- As a private recreational organization offer programs in sexuality beginning at age six with advice and help in coping with molestation. Programs for older girls help them establish strong identities. (Cat and Mouse Program)

- Recognize that not all children can leave a home situation in which there is actual or potential sexual and physical abuse. These children are given survival skill training - training in making oneself scarce when these types of abuse arise. (Survival Skill Training Program)

- Teach girls where they can find resources and services in the community.

- Train all staff members in sexuality problems since girls may attach themselves to and confide in any staff member.

Connecticut Justice Commission

(Deborah Steward Senior Juvenile Planner)

WHAT ARE WE DOING?

We:

- Support collaboration with state and local, public and private agencies and services.
- Support the creation of a network of services.
- Support community-based rehabilitation which is found to be more effective than institutional programs.

Sexual Trauma Treatment Program (Linda Canfield)

She described the findings of the Sexual Trauma Treatment Demonstration Program which completed its work on June 29, 1979. The key indicators of traumatized children and pointers offered in interview techniques can be found in the previous section on incest.

X-RATED PROBLEMS IN FAMILIES WITH SERVICE NEEDS

IMPLICATIONS FOR PROGRAM DEVELOPMENT

RESOURCES

Workshop Leaders

Jane Berdie
1620 Cook Street
Denver, Colorado 80206

Martha Bernstein
Girls Clubs of America, Inc.
205 Lexington Avenue
New York, New York 10016

Lydia Dyson, Asst. Director of
Statewide Family Planning Training Program
Dept. OBGYN
University of Connecticut Health Center
Farmington, Connecticut 06032

David Lloyd, Asst. Director
Child Protection Center, Rm. 2200 - Green
Children's Hospital National Medical Center
111 Michigan Avenue, NW
Washington, D. C. 20010

Jane Palley
Peer Outreach Project Coordinator
c/o Planned Parenthood
791 Main Street
Willimantic, Connecticut 06226

Deborah Stewart
Connecticut Justice Commission
75 Elm Street
Hartford, Connecticut